This is an unofficial copy of the rules that has been reformatted for the convenience of the public by the Department of Community Health. The official rules for this program are on record with the Georgia Secretary of State's office. The Secretary of State's website for reviewing the rules is http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=DEPARTMENT_OF_COMMUNITY_HEALTH%2Findex.html&d=1 Effort has been made to ensure the accuracy of this unofficial copy. The Department reserves the right to withdraw or correct text in this copy if deviations from the official text as published by the Georgia Secretary of State are found.	Clarification for Providers (This information is intended to clarify rules and to provide technical assistance and examples for providers with occasional notes on how surveyors may survey for a particular requirement. Such clarification and examples are subject to change from time to time as necessary to better reflect rule requirements. Any references which may be made to "Best Practices" are suggestions for raising the quality of care but are not requirements at this time. References to other related rules may be provided here to assist the reader in finding information.)
111-8-6301 Authority. The legal authority for this Chapter is found in O.C.G.A. §§ 31-2-7 and Chapter 7 of Title 31. Authority O.C.G.A. §§ 31-2-4, 31-2-7, 31-2-8, 31-2-9 and 31-7-1, et seq.	
111-8-6302 Purpose. The purpose of these rules and regulations is to establish the minimum standards for the operation of personal care homes to be licensed as assisted living communities. Such communities provide assisted living care to adults who require varying degrees of assistance with the activities of daily living but who do not require continuous medical or nursing care.	These rules establish minimum requirements that assisted living communities must meet to obtain and retain their permit to operate the community. Individual communities may be required to exceed these minimum requirements as explained in the rules to meet the specific health and safety needs of their resident population. This is particularly applicable for communities choosing to serve special populations such as Alzheimer's residents. Safety needs include an ability of the community to evacuate the residents in the event of an emergency.
Authority O.C.G.A. §§ 31-2-7 and 31-7-1 et seq.	
111-8-6303 Definitions. In these rules, unless the context otherwise requires, the words, phrases and symbols set forth herein shall mean the following:	
(a) "Abuse " means any intentional or grossly negligent act or series of acts or intentional or grossly negligent omission to act which causes injury to a resident, including but not limited to, assault or battery, failure to provide treatment or care, or sexual harassment of the resident.	

(b) "Activities of daily living" means bathing, shaving, brushing teeth, combing hair, toileting, dressing, eating, walking, transferring from place to place, laundering, cleaning room, managing money, writing letters, shopping, using public transportation, making telephone calls, grooming, obtaining appointments, engaging in leisure and recreational activities, or other similar activities.	Activities of daily living are the routine things that one does to live a healthy and safe life.
(c) "Administrator" means the manager designated by the Governing Body as responsible for the day-to-day management, administration and supervision of the assisted living community, who may also serve as the on-site manager and responsible staff person except during periods of his or her own absence.	
(d) "Applicant" means an individual or entity that submits an application for licensure pursuant to these rules as described below:	
1. When the assisted living community is owned by a sole proprietorship, the individual proprietor must be the applicant for the license, complete the statement of responsibility and serve as the licensee;	
2. When the assisted living community is owned by a partnership, the general partners must be the applicant for the license, complete the statement of responsibility and serve as the licensee;	
3. When the assisted living community is owned by an association, limited liability company (LLC), the governing body of the association or LLC must authorize the application for the license, complete the statement of responsibility and serve as the licensee; and	
4. When the assisted living community is owned by a corporation, the governing body of the corporation must authorize the application for the license, complete the statement of responsibility and serve as the licensee.	

(e) "Assistive device" means a device that may restrain movement which has been determined to be required by a licensed physician, nurse practitioner or physician's assistant working under a protocol or job description respectively and is applied for protection from injury or to support or correct the body alignment of the person, , for the treatment of a person's physical condition, and may only be used as a treatment intervention where a specific written plan of care has been developed and the resident consents to such use.	There must be a medical order, a specific written plan of care detailing how the assistive device is to be used, released, etc. and the resident must consent to the use of the assistive device.
(f) "Assisted living care" means the specialized care and services provided by an assisted living community which includes the provision of personal services, the administration of medications by a certified medication aide and the provision of assisted self preservation.	In order to qualify to be licensed as an assisted living community, the community must offer 1. personal services, 2. administration of medications by certified medication aides and 3. assisted self-preservation.
(g) "Assisted living community" or "community" means a personal care home serving 25 residents or more that is licensed by the department to provide assisted living care.	Personal care homes with 25 or more beds have the option of deciding whether they want to apply to become licensed under the Assisted Living Community Rules. However, if the home offers assisted living care as defined in these rules, it must be licensed as an assisted living community.

(h) "Assisted self-preservation" means the capacity of a resident to be evacuated from an assisted living community to a designated point of safety and within an established period of time as determined by the Office of Fire Safety Commissioner. Assisted self-preservation is a function of all of the following: (A) the condition of the individual, (B) the assistance that is available to be provided to the individual by the staff of the assisted living community; and (C) the construction of the building in which the assisted living community is housed, including whether such building meets the state fire safety requirements applicable to an existing health care occupancy.	The community's ability to provide assisted self-preservation to any particular resident requires the community to take into account: 1. the condition of the individual resident, 2. the ALC staff available to provide assistance, AND 3. the construction of the building and what fire safety requirements it meets. "Existing health care occupancy" means that the building has been issued a certificate of occupancy approving it for a limited healthcare occupancy under the health care occupancy requirements existing at the time of the application. For further information, check with the State Fire Marshal's Office, http://www.gainsurance.org/FireMarshal/Home.aspx
(i) "Chemical Restraint" means a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms.	
(j) "Criminal records check" means a search as required by law of the records maintained by law enforcement authorities to determine whether the applicant for licensure or employment has a criminal record as defined in O.C.G.A §§ 31-2-9 and 31-7-250 as applicable.	
(k) "Criminal record" means any of the following:	
1. conviction of a crime; or	
2. arrest, charge, and sentencing for a crime where:	
(i) a plea of nolo contendere was entered to the charge; or	
(ii) first offender treatment without adjudication of guilt pursuant to the charge was granted; or	
(iii) adjudication or sentence was otherwise withheld or not entered on the charge; or	

(iv) arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to O.C.G.A. § 17-3-1 et seq.	
(I) "Department" means the Department of Community Health of the State of Georgia operating through the Division of Healthcare Facility Regulation.	Division of Healthcare Facility Regulation, DCH, 2 Peachtree Street, NW, Suite 31.447. Atlanta, Ga., 30303, 404-657-5850
(m) "Director" means the chief administrator, executive officer or manager.	
(n) "Disabled individual" means an individual that has a physical or mental impairment that substantially limits one or more major life activities and who meets the criteria for a disability under state or federal law.	
(o) "Employee" means any person, other than a director, utilized by an assisted living community to provide personal services to any resident on behalf of the assisted living community or to perform at any facilities of the assisted living community any duties which involve personal contact between that person and any paying resident of the assisted living community.	An individual need not receive monetary compensation to meet the definition of an employee.
(p) "Exploitation" means an unjust or improper use of another person or the person's property through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own personal advantage.	
(q) "Fingerprint records check determination" means a satisfactory or unsatisfactory determination by the Department based upon a records check comparison of Georgia Crime Information Center (GCIC) information with fingerprints and other information in a records check application.	
(r) "Governing Body" means the owner, , the board of trustees or directors, the partnership, the corporation, the association, the sole proprietorship or the person or group of persons who maintains and controls the assisted living community and who is legally responsible for the operation of the community.	

(s) "Health maintenance activities" means those limited activities that, but for a disability, a person could reasonably be expected to do for himself or herself. Such activities are typically taught by a registered professional nurse, but may be taught by an attending physician, advanced practice registered nurse, physician assistant, or directly to a patient and are part of ongoing care. Health maintenance activities are those activities that do not include complex care such as administration of intravenous medications, central line maintenance, and complex wound care; do not require complex observations or critical decisions; can be safely performed and have reasonably precise, unchanging directions; and have outcomes or results that are reasonably predictable. Health maintenance activities conducted pursuant to this paragraph shall not be considered the practice of nursing.	Health maintenance activities may be performed by designated proxy caregivers. An assisted living community must decide and disclose whether it provides designated proxy caregivers as a service or will permit residents to engage their own proxy caregivers to come into the community to perform health maintenance activities.
(t) "Health services" means the specialized assistance that may be provided by or at the direction of either licensed healthcare professionals, such as doctors, nurses, physical therapists or through licensed healthcare programs, such as home health agencies, hospices and private home care providers to address health needs that the assisted living community is not staffed to provide or is not authorized by law or regulations to provide.	
(u) "Injury" as used in the definition of "abuse" means a wrong or harm caused by an individual to a resident which is manifested by a physical or behavioral reaction or change in the appearance or actions of the resident, such as, but not limited to, reddened or bruised skin not related to routine care, crying, startling or cowering reaction by the resident and malnutrition or pressure ulcers for which the facility has not provided proper care.	Example of an injury: A worker intentionally slaps a resident across the face to get the resident to do or stop doing something. The resident is observed to cry out and appears startled or upset.
(v) "Legal Surrogate" means a duly appointed person who is authorized to act, within the scope of the authority granted under the legal surrogate's appointment, on behalf of a resident who is adjudicated incapacitated.	
(w) "Licensed Residential Care Profile" means the form made available by the Department which the assisted living community must use to inform the public about the services it provides.	Once this Profile form is loaded on the Healthcare Facility Regulation Division link at the, DCH website at wwww.dch.ga.gov, the community will need to complete the Profile on line. In the interim, the community may download the form, complete it and make it available to residents, potential residents and their families.

(x) "Local law enforcement agency" means a local law enforcement agency with authorization to conduct criminal history background checks through the Georgia Crime Information Center (GCIC).	
(y) "Medical services" means services which may be provided by a person licensed pursuant to Article II of Chapter 34 of Title 43 of the Official Code of Georgia Annotated.	
(z) "Memory care services" means the additional watchful oversight systems and devices that are required for residents who have cognitive deficits which may impact memory, language, thinking, reasoning, or impulse control, and which place the residents at risk of eloping, i.e. engaging in unsafe wandering activities outside the assisted living community.	Where a community does not have a special memory care unit, the community must still have systems in place to provide watchful oversight for those residents determined to have developed cognitive deficits which place the residents at risk of eloping. See Rule 111-8-6318
(aa) "Memory care unit" means the assisted living community or specialized unit, thereof, that either holds itself out as providing additional or specialized care to persons with diagnoses of probable Alzheimer's Disease or other dementia who may be at risk of engaging in unsafe wandering activities outside the unit or assisted living community (eloping) or charges rates in excess of those charged other residents because of cognitive deficits which may place the residents at risk of eloping.	See Rule 111-8-6319
(bb) "Non-Family Adult" means a resident 18 years of age or older who is not related by blood within the third degree of consanguinity or by marriage to the person responsible for the management of the assisted living community or to a member of the governing body.	Third degree of consanguinity means mother, father, grandmother, grandfather, great grandmother, great grandfather, sister, brother, daughter, son, granddaughter, grandson, aunt, uncle, great aunt, great uncle, niece, nephew, grand niece, grand nephew, first cousins, first cousins once removed and second cousins. By marriage includes spouse.
(cc) "Nursing services" means those services which may be rendered by a person licensed pursuant to Articles I and 2 of Chapter 26 of Title 43 of the Official Code of Georgia Annotated.	

(dd) "On-site manager" means the administrator or person designated by the	
administrator as responsible for carrying out the day-to-day management,	
supervision, and operation of the assisted living community, who may also serve as	
responsible staff person except during periods of his or her own absence.	
(ee) "Owner" means any individual or any person affiliated with a corporation,	
partnership, or association with 10 percent or greater ownership interest in the	
business or agency licensed as an assisted living community and who:	
1. purports to or exercises authority of an owner in the business or agency; or	
2. applies to operate or operates the business or agency; or	
3. maintains an office on the premises of the assisted living community; or	
4. resides at the assisted living community; or	
5. has direct access to persons receiving care at the assisted living community; or	
6. provides direct personal supervision of assisted living community personnel by	
being immediately available to provide assistance and direction during the time such	
assisted living community services are being provided; or	
7. enters into a contract to acquire ownership of such a business or agency.	
(ff) "Permit" or "license" means the authorization granted by the Department to the	
governing body to operate an assisted living community.	
(gg) "Personal care home" means any dwelling, whether operated for profit or not,	
which undertakes through its ownership or management to provide or arrange for	
the provision of housing, food service, and one or more personal services for two or	
more adults who are not related to the owner or administrator by blood or marriage.	
(hh) "Personal Services" includes, but is not limited to, individual assistance with	
or supervision of self-administered medication, assistance, essential activities of	
daily living such as eating, bathing, grooming, dressing, toileting, ambulation and	
transfer.	

(ii) "Proxy caregiver" means an unlicensed person who has been selected by a disabled individual or a person legally authorized to act on behalf of such individual to serve as such individual's proxy caregiver, provided that such person shall receive training and shall demonstrate the necessary knowledge and skills to perform documented health maintenance activities, including specialized procedures for such individual.	A community needs to decide and disclose whether it provides proxy caregivers or permits the residents to employ independent proxy caregivers.
(jj) "Physical Restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are assisted living community practices which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints.	
(kk) "Plan of Correction" means the written plan prepared in response to cited rule violations that identifies by date certain the specific actions that will be taken by the assisted living community to come into compliance with these rules.	
(II) "Representative" means a person who voluntarily, with the resident's written authorization, acts upon resident's direction with regard to matters concerning the health and welfare of the resident, including being able to access personal and medical records contained in the resident's file and receive information and notices pertaining to the resident's overall care and condition. This written authorization may take the form of an advance directive.	
(mm) "Resident" means any non-family adult who receives or requires assisted living care and resides in the assisted living community.	An adult is someone 18 years of age or older.
(nn) "Responsible Staff Person" means the employee designated by the administrator or on-site manager as responsible for supervising the operation of the assisted living community during periods of temporary absence of the administrator or on-site manager.	

(qq) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair. (rm) "Staff" means any person who performs duties in the assisted living community. (ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 et seq., or as outlined in O.C.G.A. § 31-2-14. Authority O.C.G.A. § 31-7-250 et seq., or as outlined in O.C.G.A. § 31-2-14. Authority O.C.G.A. § 31-7-250 et seq., or as outlined in O.C.G.A. § 31-2-14. Authority O.C.G.A. § 31-2-7, 31-2-8, 31-2-9, 31-7-1 et seq. and 43-26-12.		-
record as defined in O.C.G.A. § 31-7-250 or O.C.G.A. § 31-2-9 as applicable. (pp) "Self-administration of medications" or "self-administered medications" means those prescription or over-the-counter drugs that the resident presonally chooses to ingest or apply where the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medication and generally knows the times, and physical characteristics of medications to be taken. (qq) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair. (rr) "Staff" means any person who performs duties in the assisted living community on behalf of the assisted living community. (ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-2-50 et seq., or as outlined in O.C.G.A. § 31-2-14. Authority O.C.G.A. § 31-2-7, 31-2-8, 31-2-9, 31-7-1 et seq. and 43-26-12. 111-8-6304 Exemptions. These regulations do not apply to the following facilities:		
(pp) "Self-administration of medications" or "self-administered medications" means those prescription or over-the-counter drugs that the resident personally chooses to ingest or apply where the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medication and generally knows the times, and physical characteristics of medications to be taken. (qq) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair. ((rr) "Staff" means any person who performs duties in the assisted living community on behalf of the assisted living community. ((ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-2-13. Authority O.C.G.A. § 31-2-14. For the provide no services other than	a person for whom a records check was performed was found to have no criminal	
(pp) "Self-administration of medications" or "self-administered medications" means those prescription or over-the-counter drugs that the resident personally chooses to ingest or apply where the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medication and generally knows the times, and physical characteristics of medications to be taken. (qq) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair. ((rr) "Staff" means any person who performs duties in the assisted living community on behalf of the assisted living community. ((ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-2-13. Authority O.C.G.A. § 31-2-14. For the provide no services other than	record as defined in O.C.G.A. § 31-7-250 or O.C.G.A. § 31-2-9 as applicable.	
those prescription or over-the-counter drugs that the resident personally chooses to incomplete the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medication and generally knows the times, and physical characteristics of medications to be taken. (qq) "Self-preservation" means the ability to respond to an emergency condition, whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair. (rr) "Staff" means any person who performs duties in the assisted living community on behalf of the assisted living community. (ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 et seq., or as outlined in O.C.G.A. § 31-2-13. Authority O.C.G.A. § 31-2-7, 31-2-8, 31-2-9, 31-7-1 et seq. and 43-26-12. 111-8-6304 Exemptions. These regulations do not apply to the following facilities:	The second are all and are all are are are are approximated and are are are approximated and are	
whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or hand rails, or by propelling a wheelchair. (rr) "Staff" means any person who performs duties in the assisted living community on behalf of the assisted living community. (ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 et seq., or as outlined in O.C.G.A. § 31-2-14. Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9, 31-7-1 et seq. and 43-26-12. 111-8-6304 Exemptions. These regulations do not apply to the following facilities:	those prescription or over-the-counter drugs that the resident personally chooses to ingest or apply where the resident has been assessed and determined to have the cognitive skills necessary to articulate the need for the medication and generally	awareness of self that allows the resident to question whether a different-colored medication is the right medication. The resident can generally tell you what the medication is for, when it is to be taken, can describe the physical characteristics of the medication and tell you if he or she is experiencing physical symptoms (weak, dizzy, etc.) that might be indicative of
on behalf of the assisted living community. (ss) "Unsatisfactory criminal history background check determination" means a written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 et seq., or as outlined in O.C.G.A. § 31-2-14. Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9, 31-7-1 et seq. and 43-26-12. 111-8-6304 Exemptions. These regulations do not apply to the following facilities: (a) boarding homes or rooming houses which provide no services other than	whether caused by fire or otherwise, and escape the emergency without physical, hands-on assistance from staff. The resident may move from place to place by walking, either unaided or aided by prosthesis, brace, cane, crutches, walker or	
written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 et seq., or as outlined in O.C.G.A. § 31-2-14. Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9, 31-7-1 et seq. and 43-26-12. 111-8-6304 Exemptions. These regulations do not apply to the following facilities: (a) boarding homes or rooming houses which provide no services other than		
111-8-6304 Exemptions. These regulations do not apply to the following facilities: (a) boarding homes or rooming houses which provide no services other than	written determination that a person for whom a records check was performed has a criminal record which indicates an arrest, charge or conviction of one of the covered crimes outlined in O.C.G.A. § 31-7-250 <i>et seg.</i> , or as outlined in O.C.G.A. § 31-2-14.	
facilities: (a) boarding homes or rooming houses which provide no services other than	Authority O.O.G.A. 98 31-2-7, 31-2-8, 31-7-1 et seq. and 43-26-12.	
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(b) facilities offering temporary emergency shelter, such as those for the homeless	
and victims of family violence;	
(c) other facilities, homes or residences licensed by the department which have	NOTE: Community Living Arrangements exclusively
not been classified as assisted living communities, e.g. community living	serve consumers of DBHDD services only and must
arrangements, personal care homes, hospices, traumatic brain injury facilities;	comply with a different set of rules. See Rules and
	Regulations for Community Living Arrangements,
	Chapter 290-9-37.
(d) facilities providing residential services for federal, state or local correctional	
institutions under the jurisdiction of the criminal justice system;	
(e) charitable organizations providing shelter and other services without charging	
any fee to the resident or billing any fee on behalf of the residents;	
(f) group residences organized by or for persons who choose to live independently	For this exemption to be applicable, the residents must
or who manage their own care and share the cost of services including but not	independently arrange or manage their own care. If the
limited to attendant care, transportation, rent, utilities and food preparation;	care is arranged or managed by the owner or manager
	or staff of the building/home/community, then this
	exemption does not apply. The provision of housing
	plus one or more personal services requires a personal
	care home (or other licensed facility) permit. To fall
	within this exemption, the ownership cannot be
	providing housing and one or more personal services.
(g) facilities licensed by the Department of Behavioral Health, Developmental	DBHDD licenses crisis stabilization units which are
Disabilities and Addictive Diseases; or	exempt from these rules.
(h) host homes as defined in O.C.G.A. §37-1-20(18).	These homes serve clients of DBHDD.
Authority O.C.G.A. §§. 31-2-7, 31-2-8, 31-7-1 et seq. ,37-1-20 and 37-1-29.	
444 0 CO OF Application for Bounds	
111-8-6305 Application for Permit.	
(1) The governing body of each assisted living community must submit to the	
Department an application for a permit in order to operate.	
(2) The application for a permit must be made on forms made available by the	Application forms are made available for downloading
Department or in a format acceptable to the Department.	on the HFRD web site at www.dch.ga.gov under Forms
Bopartmont of in a format accoptable to the Dopartmont.	and Applications.
	and Applications.

(3) No application for licensure will be acted upon by the Department unless it has been determined to be complete and include all required attachments and fees due the Department as specified in the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.	The Rules and Regulations for Enforcement of General Licensing and Enforcement Requirements, Chapter 111-8-25, are available on the HFRD web site at www.dch.ga.gov . Click on Healthcare Facility Regulation, then Forms and Applications, then Licensing Forms, then scroll down to Assisted Living Communities Application Package.
(4) Each application for a permit must be accompanied by an accurate floor plan showing windows, doors, common areas, and resident room measurements and digital copies in .jpg format of pictures of the assisted living community's exterior, common areas and typical resident room .	If multiple buildings, the sketch must include a sketch of the grounds with all buildings identified. If multiple stories, the floor sketch must include all floors and all rooms regardless of whether they will be occupied by residents or not. Required pictures in .jpg format clearly identifying portions of the community must be attached to an email with a subject line: Application of(Name of Community and FAC ID. Include address of community in body of email, attach .jpg picture files and send to FacPictures@dhr.state.ga.us (email box address). PLEASE DO NOT EMAIL PHOTOS UNTIL YOU HAVE OBTAINED YOUR NEW ALC FAC ID AND CAN INCLUDE THE NEW ALC FAC ID IN THE SUBJECT LINE OF THE EMAIL.
(5) The name of the administrator or on-site manager, who will be working in the assisted living community, if known, must be included with the application for a permit. If such information is not known at the time of application, it must be provided to the Department before a permit will be issued.	

(6) The ownership of the assisted living community must be fully disclosed in the	A list of individual owners (persons) who have any
application for a permit. In the case of corporations, partnerships, and other entities	involvement with the operation of the community must
recognized by statute, the corporate officers and all other individuals or family	also be submitted to ensure that those owners who
groups owning ten percent or more of the corporate stock or ownership must be	require criminal records checks under the law get them.
disclosed in the application, as well as the registered agent for service of process.	See the legal definition of "owner" in Rule 111-8-6303(ee).
(7) Each application must include documentation of ownership or lease agreement	Applicant must provide some evidence that they have
for the property on which the assisted living community will be operated.	legal possession of the premises on which the
	community will be operating. Acceptable evidence
	could include property tax receipt showing community is
	owned by applicant, lease agreement, bill of sale, etc.
(8) The filing of an application for licensure constitutes a representation that the	As of the specified date, the applicant is held
applicant is or will be in complete control of the community as of a specified date.	accountable for the results of any on-site inspection
	done by HFRD.
(9) Local zoning and other local requirements regarding the proper location and	The application must include evidence that there has
establishment of the assisted living community must be addressed by the applicant	been communication with the local jurisdiction regarding
with the responsible local officials.	zoning, etc. NOTE: Not having zoning approval, etc.
	may result in the local authorities taking action against
	you and may result in your community being closed by
	the local authorities.
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9 and 31-7-1 et seq.	
111-8-6306 Permits.	
(1) The governing body of each assisted living community must obtain a valid	
permit from the Department to provide assisted living care prior to admitting any	
residents.	
(2) The permit must be displayed on the premises in a conspicuous place that is	
visible to residents and visitors.	
(3) Permits are not transferable from one assisted living community or location to	The permit is only valid for the address of the
another.	community printed on the permit.
(4) A permit must be returned to the Department and is no longer valid when any	
of the following events occurs:	
(a) The assisted living community is moved to another location which has not been	
licensed.	
(b) The ownership of the community changes.	

(c) The permit is suspended or revoked.	
(5) A separate permit is required for each assisted living community located on	
different premises.	
(6) An assisted living community must not serve more residents than its approved	
licensed capacity, which is listed on the face of the permit issued by the Department.	
(7) An assisted living community must provide assisted living care as authorized by law and these rules.	Assisted living care includes the offering of personal services, the administration of medications by certified medication aides (CMAs) and the provision of assisted self-preservation.
(8) An assisted living community must disclose its licensure classification as an assisted living community in its marketing materials.	
(9) An assisted living community must not operate or allow another business to operate on the premises of the assisted living community where the business intrudes on the residents' quiet enjoyment and exclusive use of the premises, in any way.	Quiet enjoyment means that the governing body exercises control over the community and does not allow another business to disturb or interrupt the residents.
	Exclusive use of the premises means that the community and all of its amenities are available for use by the residents at all times and that the operation of a business on the premises is not perceived by the residents as intruding on their unlimited use of the community.
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-2-9 and 31-7-1 et seq.	

111-8-6307 Owner Governance.	
(1) The assisted living community must have a functioning governing body which is responsible for providing the oversight necessary to ensure that the community	
operates in compliance with these rules, the Rules for General Licensing and	
Enforcement, Chapter 111-8-25, the Rules for Proxy Caregivers, Chapter 111-8-100,	
as applicable and other applicable state laws and regulations.	
(2) The governing body is responsible for implementing policies, procedures and	No policy established by the community can violate
practices in the community that support the core values of dignity, respect, choice, independence and privacy of the residents in a safe environment and in accordance	resident rights or other laws or regulations.
with these rules. At a minimum, the policies and procedures that are developed must provide direction for the staff and residents on the following:	Policies must be developed prior to granting a permit.
promote an obtain and roots are roots and root	The policies may be inspected during annual on-site
	visits, and may be requested during complaint
	investigations and follow up visits. A copy of the
	policies and procedures must be maintained at the
	community at all times. Policies and procedures stored
	electronically must be accessible at the community for
	use by staff and review by surveyors on request.
	All staff must be trained on the community policies and
	procedures, including any changes or additions.
(a) the services available in the assisted living community, including, personal	The community's policies should state that memory
services, assisted living care, memory care services and any other specialized	care units and/or designated proxy caregiver services
services such as, ,memory care units and designated proxy caregivers;	(either provided by the community or provided by
	independent proxy caregivers or both) are not
	provided, if that is the case.

(b) the staffing plan that the community utilizes to ensure that staffing ratios increase proportionally as the number of residents who require assisted self-preservation increases;	The community must have a policy that addresses the staffing ratios that it will use as the number of residents requiring assisted self-preservation increases. The staffing plan may take into account the number of residents who provide their own sitters, etc. but must also address, how the staffing plan will adjust in the event that hired sitters are not available. For example, 25 residents are on a unit at night. 20 of the 25 residents have minimal care needs with 5 of the residents having their own overnight caregivers. The community normally staffs the unit with one worker at night when all private caregivers are present. The community must have a staffing plan that addresses additional staffing needs if the private caregivers are absent from work.
(c) admissions, discharges and immediate transfers which ensure that the	Admission criteria, discharge criteria, and criteria for
community does not admit or retain residents who need more care that the assisted	immediate transfers must be included in the
living community is authorized or capable of providing; (d) refunds when a resident is transferred or discharged;	community's policies and procedures. Policies regarding refunds should include the
(a) returnes when a resident is transferred of discharged,	conditions under which a refund will and will not be given and the timeframe for the refund.
(e) training and ongoing evaluation of staff, including specialized training if designated proxy caregivers are provided or memory care is offered;	Designated proxy caregiver training requirements are found in the Rules and Regulations for Proxy Caregivers, Chapter 111-8-100.
(f) house rules and their enforcement;	
(g) protecting the rights of the residents as set forth in these rules;	
(h) medication management, procurement, the use of certified medication aides and professional oversight provided for such services;	Policies must address who provides professional oversight as well as the frequency of the oversight.
	Further guidance regarding medication management may be found in rule 111-8-6320
(i) health and hygiene issues for residents and staff relating to infection control, work policies and return to work policies, food borne illnesses and reportable diseases;	

(i) the investigation and reporting of abuse, neglect, exploitation of residents, residents wandering away from the community, accidents, injuries and changes in residents' conditions to required parties; (ii) discipline procedures for handling acts committed by staff which are inconsistent with the policies of the assisted living community; (iii) emergency preparedness, drills and evacuation requirements; (iiii) quality assurance review mechanisms, including resident and family feedback to determine opportunities for improving care; (iii) the use of volunteers and their orientation regarding resident's rights and basic safety precautions; (iii) the use of volunteers and their orientation regarding resident's rights and basic safety precautions; (iii) the use of proxy caregivers allowed within the community and the oversight of proxy caregivers allowed within the community and the oversight of proxy caregivers the community requires or provides in accordance with Georgia law, these rules and the rules for proxy caregivers, chapter 111-8-100; and (iii) the community precautions that will be employed by the assisted living community to protect residents from harm by other residents, designated proxy caregivers, and other individuals, not employed by the community come into the community. (3) The governing body must designate an administrator or on-site manager as responsible for the overall management of the assisted living community and for carrying out the rules and policies adopted by the governing body. (4) The governing body must ensure that the Department has current emergency contact information consisting of name, e-mail contact for notifications to the licensed community, physical addresses, and phone numbers for the governing body and the administrator or on-site manager of the assisted living community. (5) The governing body must take appropriate measures within its control, to protect the residents from criminal activity occurring in the assisted living community. (6) The governing body must not		
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(5) The governing body must take appropriate measures within its control, to protect the residents from criminal activity occurring in the assisted living community. Appropriate measures to protect residents may include, but are not limited to reporting the commission of crimes (e.g. thefts, abuse) to law enforcement authorities. (6) The governing body must not allow persons who are not residents of the assisted		
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(6) The governing body must not allow persons who are not residents of the assisted		
		authorities.
living community to live on the premises if they are listed on the National Sex Offender	(6) The governing body must not allow persons who are not residents of the assisted	
	living community to live on the premises if they are listed on the National Sex Offender	
Registry.	Registry.	

(7) No member of the governing body, administration, or staff of the assisted living	
community or an affiliated assisted living community or family members of the	
governing body or any staff may serve as the legal surrogate or representative of a	
resident.	
(8) Where the governing body, a member of the governing body's family or a staff	
member of the assisted living community or an affiliated assisted living community	
serves as the representative payee of a resident, the individual or entity must be	
covered by a surety bond.	
Authority O.C.G.A. §§ 31-2-7,31-2-8, 31-7-1 et seq.	
111-8-6308 Community Leadership.	
(1) Each community must have a full-time administrator to provide day-to-day leadership to the community. The administrator must meet the following qualifications:	This rule is to ensure that every community that applies for a permit identifies the owner or owners of the community that the governing body identifies who is in charge of the community, and that one individual is directly responsible for the overall operation of the community. The name of the administrator must be submitted with the application for a permit. Guidance to Surveyor: Check the ownership and administrator at each visit by reviewing the Residential Care Profile to ensure that the appropriate administrator/manager is listed. If not, cite the community under Rule 111-8-6310.
(a) The individual must be 21 years of age or older, and	,
(b) The individual must satisfy at least one of the following educational criteria:	
1. a bachelor's degree from an accredited college or university plus 1 year's	
experience in a health or aging related setting;	
2. an associate's degree from an accredited college or university, plus 2 years'	
experience working in a personal care, health or aging related setting, including 1 year	
in a leadership or supervisory position;	
3. a license as a nursing home administrator;	

4. certification by a nationally recognized educational provider or license issued by	
another state as a nursing home administrator or an assisted living facility	
administrator where the curriculum addresses in detail the knowledge and skills	
necessary to manage a nursing home or an assisted living community; or	
5. a GED or HS diploma and a total 4 years experience working in a licensed	
personal care home or other health-related setting which has included at least 2 years	
supervisory experience.	
(2) The administrator is responsible for ensuring that the policies and procedures are	The administrator is responsible for the overall
effective and enforced to ensure compliance with these rules and community policies	management of the community and for carrying out the
and procedures.	rules and policies adopted by the governing body.
(3) Each assisted living community must have a separate administrator or on-site	
manager who works under the supervision of the administrator.	
(4) The administrator or on-site manager must designate qualified staff as responsible staff to act on his or her behalf and to carry out his or her duties in the absence of the administrator or on-site manager.	Responsible staff persons act on behalf of the administrator or on-site manager and therefore must have access to or be able to obtain access to items and documents needed for the day to day operation of the community. Such items and documents include, but are not limited to, residents' medications and files and employee files. Responsible staff persons must provide access to the community and files to representatives of the department. The designation of a responsible staff person, who must be 21, must be documented in writing and the designee must have received the required training as provided in these rules. See Rule 111-8-6309(1),(2),(3) and (4) for training and staffing
(C) Desidents report not be allowed to function on be accurated as staff	requirements.
(5) Residents must not be allowed to function or be counted as staff.	
(6) Staff must be assigned duties consistent with their positions, training,	
experiences, and the requirements of Rule 111-8-6309.	
(7) The administrator is responsible for ensuring that the assisted living community	
has an effective quality assurance program which includes at least the following:	

(a) investigating resident incidents which result in injuries or death in order to identify and implement opportunities for improvement in care;	If investigations identify opportunities for improvement in care, the changes the facility implement should be tracked by the quality assurance review program.
(b) implementing changes made to support improved care, such as those necessary to minimize illness outbreaks and eliminate identified rule violations;	
(c) monitoring staff performance to ensure that care and services are being delivered safely and in accordance with these rules and community policies; and	
(d) obtaining and using feedback from the residents and representatives, at least annually, on the quality of services provided by the community and opportunities for improvement of services.	The feedback may take the form of an annual satisfaction survey, documentation of oral feedback sessions, minutes from resident council meetings where input on services and opportunities for improvement were solicited, etc. Guidance to Surveyor: Residents and their representatives should be able to provide examples and instances in which feedback was sought and how it was used to improve services in the community.
Authority O.C.G.A. §§ 31-2-7,31-2-8, 31-7-1 et seq.	
111-8-6309 Workforce Qualifications, Training and Staffing	
(1) The on-site manager and responsible staff persons must be at least 21 years of age and responsible for supervising the provision of care by all other staff. No staff person under the age of 18 is permitted to work in the assisted living community unless there is direct line-of-sight supervision being provided by the administrator, on-site manager or a responsible staff person or the staff member is at least 17 years of age and has successfully completed a vocational technical training track as a nursing assistant through a Georgia high school.	
(2) Initial Training for All Staff. The administrator or on-site manager must ensure that any person working in the assisted living community as staff, receives training within the first 60 days of employment on the following:	

(a) residents' rights and identification of conduct constituting abuse, neglect or exploitation of a resident and reporting requirements to include the employee's receipt of a copy of the Long-Term Care Facility Resident Abuse Reporting Act as outlined in O.C.G.A. § 31-8-81 et seq.;	All staff must be able to identify their roles and responsibilities in following the requirements of the Long-term Care Facility Resident Abuse Reporting Act.
(b) general infection control principles including importance of hand hygiene in all settings and attendance policies when ill;	
(c) training necessary to carry out assigned job duties and	
(d) emergency preparedness.	
(3) Initial Training for Staff Providing Hands-On Personal Services. In addition to the initial training required of all staff in paragraph (2) above, the administrator must ensure that staff hired to provide hands-on personal services to residents receive training within the first 60 days of employment which includes the following:	
(a) current certification in emergency first aid except where the staff person is a currently licensed health care professional;	Current certification means that the first aid has not expired as designated on the card or other proof of training. Training provided by American Red Cross, American Heart Association, American Health and Safety Institute, National Safety Council, Gwinnett County Department of Fire and Emergency Services, First Response Safety Training, or Medic First Aid, is acceptable to the Department. No further documentation is required. All other training provided by any other source must be substantially equivalent to the training provided by American Red Cross or American Heart Association. Providers choosing to use other training sources must retain documentation that shows the substantial equivalency including a detailed description of the course and qualifications of the instructor.

(b) current certification in cardiopulmonary resuscitation where the training course required return demonstration of competency; (c) medical and social needs and characteristics of the resident population, including special needs of residents with dementia;	Current certification means that the CPR has not expired as designated on the card or other proof of training. Training provided by American Red Cross, American Heart Association, American Health and Safety Institute, National Safety Council, Gwinnett County Department of Fire and Emergency Services, First Response Safety Training, or Medic First Aid, is acceptable to the Department and requires no further documentation. All other training provided by any other source must be substantially equivalent to the training provided by American Red Cross or American Heart Association. Providers choosing to use other training sources must retain documentation that shows substantial equivalency including a detailed description of the course and qualifications of the instructor. On line or other courses that do not have a "hands on" demonstration of competency are not acceptable. Medical and social needs and characteristics of the resident population means that the community provides training for staff based on resident needs. If the community serves residents with dementia, staff are trained in managing dementia. If the community
	serves residents who are diabetic, staff are trained to respond to the signs and symptoms of low blood sugar readings and high blood sugar readings.
(d) residents' rights and the provision of care to residents that is individualized and helpful; and	All staff must be able to identify their roles and responsibilities in following the requirements of the Long-term Care Facility Resident Abuse Reporting Act.

(e) training specific to assigned job duties, such as, but not limited to, permissible assistance with medications, contraindications for medications that must be brought to the attention of appropriate individuals, assisting residents in transferring, ambulation, proper food preparation, proper performance of health maintenance activities if serving as a designated proxy caregiver and responding appropriately to dementia-related behaviors.	
(4) Trained Staff Present. At least one staff person who has completed the minimum training requirements of Rule 111-8-6309(2)(a) through (e) and (3)(a) through (e) above must be present in the assisted living community at all times any residents are present to provide necessary oversight and assistance to staff providing hands-on personal services who have not completed the training, to ensure that care and services are delivered safely and in accordance with these rules.	

(5) Training Hours Required During First Year of Employment. All staff offering hands-on personal services to the residents, including the administrator or on-site manager, must satisfactorily complete a total of at least twenty-four (24) hours of continuing education within the first year of employment as a direct care worker. Staff providing hands-on personal services in a specialized memory care unit, must have 8 hours training related specifically to dementia care, included in their 24 hours of firstyear employment training. The courses offered must be relevant to assigned job duties and include such topics as cardiopulmonary resuscitation and first aid certifications, utilizing standard precautions in working with aging residents, working with residents with Alzheimer's or other cognitive impairments, working with persons who have developmental disabilities or persons who have mental illness, providing social and recreational activities, understanding legal issues, performing necessary physical maintenance, fire safety, housekeeping activities, recognizing and reporting abuse, neglect and exploitation, preparing and serving food safely, preserving the dignity and rights of residents receiving care to make meaningful choices, providing and documenting medication assistance, or other topics as determined necessary by the Department to support compliance.

For staff first hired after a personal care home becomes licensed as as assisted living community, the staff providing hands-on personal services must receive 24 hours of training during their first year of employment. "Hands on personal services" means staff actually providing, assisting or supervising direct care with residents, i. e. personal services for the residents.

Continuing education hours include actual instruction time only. The community may develop an in-service plan or program for the year which includes monthly inservice programs.

The community must have policies and procedures related to training. The first year of employment is from the employee's hire date. After the first year of employment, continuing education hours are counted on a standard calendar year basis. Continuing education hours earned during the first year of employment cannot be counted towards satisfying the second calendar year's training requirement.

The community does not need to train all new employees on all topics listed. However, the community must insure that the employees receive training that is relevant to their job duties, e.g a food service worker must receive training on proper food handling but would not ordinarily need training on medication assistance and documentation..

(6) Ongoing Staff Training. Beginning with the second year of employment, staff providing hands-on personal services must have a minimum of sixteen (16) hours of job-related continuing education as referenced in paragraph 111-8-6309(5) above annually. For staff providing hands-on personal services in the memory care unit, at least two hours of the ongoing continuing education required each year must be devoted specifically to training relevant to caring for residents with dementia.	Continuing education hours include only actual instruction time. Communities may plan training for employees in advance, such as a monthly in-service program.
(7) Training Records. The community must maintain documentation reflecting course content, instructor qualifications, agenda and attendance rosters for all trainings provided.	Documentation of the continuing education requirements should include the topic/title, date, instruction time, instructor's name and qualifications, summary of content and attendance. Copies of the documentation may be kept in the employee's personnel file or in a separate training file.
(8) Proxy Caregiver Training. An assisted living community employing proxy caregivers must provide training to the proxy caregivers in accordance with the Rules and Regulations for Use of Proxy Caregivers, Chapter 111-8-100 subject to the limitation that only certified medication aides may administer medications on behalf of the community.	Resident must select/designate in writing the proxy caregivers who will be performing health maintenance activities. Proxy caregivers must be determined to have knowledge and skills necessary to perform tasks by a licensed healthcare professional, e.g. normally a registered nurse.
(9) Staff Health Examinations and Screenings. The administrator, on-site manager, and each employee must have received a tuberculosis screening and a physical examination by a licensed physician, nurse practitioner or physician's assistant within twelve months prior to providing care to the residents. The physical examination must be sufficiently comprehensive to assure that the employee is physically qualified to work and free of diseases communicable within the scope of employment. Follow-up examinations must be conducted by a licensed physician, nurse practitioner or physician's assistant for each administrator or staff person to determine readiness to return to work following a significant illness or injury. Health information, screenings, assessments and medical releases regarding each staff member must be retained in a readily retrievable format by the assisted living community and made available for review and/or copying by Department representatives upon request.	

Chapter 111-8-63, Rules for Assisted Living Communities Effective January 2, 2012

Guidelines 1.0 posted February 2, 2012

(10) Criminal History Background Checks for Owners Required. The owner of the business or agency applying for the license must have a fingerprint records check determination as specified in O.C.G.A. § 31-2-9 or specific rules passed pursuant to the statute. In the event that an apparent owner claims not to be an "owner" as defined in Rule 111-8-6303(ee) and does not wish to obtain a fingerprint records check determination, the person must submit an affidavit which sets forth the facts that establishes that the person does not meet the definition of an "owner."	All fingerprint record checks must be done using Cogent/GAPS. See the HFRD website for instructions in using Cogent/GAPS. Instructions can be found under Forms and Applications, then Assisted Living Communities Application Packet.
(a) An owner with a criminal record, as defined in O.C.G.A. § 31-2-9 or specific rules passed pursuant to the statute, must not operate or hold a license to operate an assisted living community.	
(b) If the owner wants to contest the determination regarding the criminal record and the associated denial or revocation of the community's permit; the owner must appeal in writing the criminal record determination, permit denial or revocation within 10 days of receipt of written notice by the Department.	
(c) An owner holding an assisted living community license who acquires a criminal record as specified in O.C.G.A. § 31-2-9 or specific rules passed pursuant to the statute, must disclose the criminal record to the Department and submit to another fingerprint records check.	
(d) The owner holding a permit to operate an assisted living community must submit to a follow-up fingerprint records check periodically when the Department provides the owner with written notice that it has reason to believe either that the owner has acquired a criminal record, as defined in O.C.G.A. § 31-2-9 or specific rules passed pursuant to the statute, subsequent to the Department's issuance of the permit or that the Department's previous determination of no criminal record was erroneous.	
(11) Criminal History Background Checks for Director, Administrator and Onsite Manager Required. Prior to serving as a director, administrator or onsite manager of an assisted living community, the community must obtain a satisfactory fingerprint records check determination for the person to be hired in compliance with the provisions of O.C.G.A. § 31-7-250 et seq. or specific rules passed pursuant to the statute.	

(a) A person with an unsatisfactory criminal history background check determination must not serve as a director, administrator or on-site manager of a licensed assisted living community if it is determined that such person has a criminal record as defined in O.C.G.A. § 31-7-250 or specific rules passed pursuant to the statute,:	
(b) A director, administrator or onsite manager of the assisted living community who acquires a criminal record as defined in O.C.G.A § 31-7-250 or specific rules passed pursuant to the statute, must disclose the criminal record to the Department and submit to another fingerprint records check.	
(c) The director, administrator or onsite manager of the assisted living community must immediately submit to an additional fingerprint records check when the Department provides the director, administrator or onsite manager with written notice that it has reason to believe either that he or she has acquired a criminal record as defined in O.C.G.A. § 31-7-250 or specific rules passed pursuant to the statute, subsequent to the Department's issuance of the permit or that the fingerprint record check is required to confirm identification for record search purposes or required in connection with an abuse, neglect or exploitation investigation.	
(12) Criminal History Background Checks for Employees Required. Prior to serving as an employee, other than a director of an assisted living community, the community must obtain a satisfactory records check determination for the person to be hired in compliance with the provisions of O.C.G.A. § 31-7-250 et seq. or specific rules passed pursuant to the statute.	
(13) An employee must immediately submit to a fingerprint records check when the Department provides the employee with written notice that it has reason to believe that he or she has a criminal record as defined in O.C.G.A. § 31-7-250 or specific rules passed pursuant to the statute, or that the fingerprint record check is required to confirm identification for record search purposes or required in connection with an abuse investigation.	
(14) The administrator or on-site manager must obtain an employment history for each employee and maintain documentation in the employee's file. If the potential employee has no prior employment history, then the assisted living community must retain documentation of a satisfactory personal reference check.	

(15) Personnel files must be maintained in the assisted living community for each employee and for three years following the employee's departure or discharge. These files must be available for inspection by departmental staff but must be maintained to protect the confidentiality of the information contained in them from improper disclosure. The files must include the following:	
(a) evidence of a satisfactory fingerprint record check determination or a satisfactory criminal history background check determination;	
(b) report of physical examination completed by a licensed physician, nurse practitioner or physician's assistant, and a TB screening completed within the 12 months preceding the date of hire;	
(c) evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100;	
(d) employment history, including previous places of work, employers and telephone contacts with previous employers;	
(e) supporting documentation reflecting that the employee has the basic qualifications as represented, e.g. documentation of good standing by nursing board, no findings of abuse, neglect or exploitation entered against the individual in the nurse aide registry, satisfactory report of motor vehicle driving record where the employee may be transporting residents; and	
(f) written evidence of satisfactory initial and annual work performance reviews for unlicensed staff providing hands-on personal care. Where the unlicensed staff perform specialized tasks, such as health maintenance activities, assistance with medications or medication administration, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in accordance with these rules and accepted health and safety standards.	
	employee and for three years following the employee's departure or discharge. These files must be available for inspection by departmental staff but must be maintained to protect the confidentiality of the information contained in them from improper disclosure. The files must include the following: (a) evidence of a satisfactory fingerprint record check determination or a satisfactory criminal history background check determination; (b) report of physical examination completed by a licensed physician, nurse practitioner or physician's assistant, and a TB screening completed within the 12 months preceding the date of hire; (c) evidence of trainings, skills competency determinations and recertifications as required by these rules and, if applicable, the Rules for Proxy Caregivers, Chapter 111-8-100; (d) employment history, including previous places of work, employers and telephone contacts with previous employers; (e) supporting documentation reflecting that the employee has the basic qualifications as represented, e.g. documentation of good standing by nursing board, no findings of abuse, neglect or exploitation entered against the individual in the nurse aide registry, satisfactory report of motor vehicle driving record where the employee may be transporting residents; and (f) written evidence of satisfactory initial and annual work performance reviews for unlicensed staff providing hands-on personal care. Where the unlicensed staff perform specialized tasks, such as health maintenance activities, assistance with medications or medication administration, such performance reviews must include the satisfactory completion of skills competency checklists as specified in applicable rules. Such reviews must be conducted by staff or contractors qualified by education, training and experience to assess that the assigned duties are being performed in

(16) Where the assisted living community permits a resident to hire his or her own companion-sitter, proxy caregiver to perform health maintenance activities or aide of any sort, the assisted living community must require assurance that the companion-sitter, proxy caregiver or aide so hired is familiar with emergency evacuation routes and has documentation reflecting compliance with the provisions of the Rules for Proxy Caregivers, Chapter 111-8-100, as applicable,	The community must retain documentation reflecting that there is an executed written informed consent, a written plan of care providing direction for the caregiver, and a determination that the caregiver has the knowledge and skills necessary to perform the assigned tasks.
(17) The administrator, on-site manager, and staff persons must not be under the influence of alcohol or other controlled substances while engaged in any work-related activity on behalf of the assisted living community.	
(18) The community must maintain a minimum on-site staff to resident ratio of one awake direct care staff person per 15 residents during waking hours and one awake direct care staff person per 25 residents during non-waking hours where the residents have minimal care needs. However, the assisted living community must staff above these minimum on-site staff ratios to meet the specific residents' ongoing health, safety and care needs.	In determining the necessary staffing, the community may take into account whether the resident employs a private caregiver to provide additional assistance. So for instance, a community may staff at the ratio of 1:15 because most of the residents have minimal care needs and those residents who don't have minimal care needs have private caregivers assisting them during the day. But if the private caregivers are not available, then the community would be expected to adjust its staffing above the minimum, e.g. by calling in extra staff, PRN, or by other means to meet the care needs of the residents who require assisted self-preservation.
(a) Staff, such as cooks and maintenance staff, who do not receive on-going direct care training and whose job duties do not routinely involve the oversight or delivery of direct personal care to the residents, must not be counted towards these minimum staffing ratios. Personnel who work for another entity, such as a private home care provider, hospice, etc. or private sitters cannot be counted in the staff ratios for the assisted living community.	The community must always meet the minimum staffing ratios, but may choose to adapt a more flexible staffing schedule that takes into account the presence/absence of other personnel who work for another entity in determining the number of staff necessary to provide care on a particular shift.
(b) At least one administrator, on-site manager, or a responsible staff person must be on the premises 24 hours per day providing supervision whenever residents are present.	

(c) Residents must be supervised consistent with their needs.	Supervised means that residents are provided watchful oversight by staff consistent with the residents' needs. A good plan of care should delineate the oversight the resident requires for safety and be updated as the needs of the resident change.
(19) Sufficient staff time must be provided by the assisted living community such that each resident:	
(a) receives services, treatments, medications and diet as prescribed;	
(b) receives proper care to prevent decubitus ulcers and contractures;	The community must provide and document that it is providing proper care to prevent ulcers. If the underlying medical condition results in the resident developing decubitus despite proper care being provided, the department would be reviewing the care provided to address wound management and comfort measures.
(c) is kept comfortable and clean;	
(d) is treated with dignity, kindness, and consideration and respect;	
(e) is protected from avoidable injury and infection;	
(f) is given prompt, unhurried assistance if she or he requires help with eating;	
(g) is given assistance, if needed, with daily hygiene, including baths and oral care; and	
(h) is given assistance in transferring and assisted self-preservation when needed.	

(20) All persons, including the administrator or on-site manager, who offer direct care to the residents on behalf of the assisted living community, must maintain an awareness of each resident's normal appearance and must intervene, as appropriate, if a resident's state of health appears to be in jeopardy.	Employees must bring to the manager's attention any changes in resident's normal appearance or behavior, including failure to eat sufficient amounts of food for adequate nutrition. Intervention on behalf of the resident may require staff to notify the resident's attending physician, arrange for emergency medical transportation and alert the family of changes—depending upon the significance of the changes and the circumstances. Any significant change in the physical condition of the resident must be reported to the resident's physician.
(21) All assisted living communities must develop and maintain accurate staffing plans that take into account the specific needs of the residents and monthly work schedules for all employees, including relief workers, showing planned and actual coverage for each day and night. The assisted living community must retain the completed staff schedules for a minimum of one year.	
(22) Staff must wear employee identification badges which are readily visible with abbreviations for professional/special credentials displayed on the badges, if any.	
Authority O.C.G.A. §§. 31-2-7, 31-2-8,31-2-9, 31-7-1 et seq. and 43-26-12.	
111-8-6310 Community Accountability.	
(1) The records required by these rules and other records maintained in the normal course of the business of the community must be available for inspection and review by properly identified representatives of the Department.	
(2) Where the Department identifies rule violations, the assisted living community will receive a written report of inspection. If the assisted living community disagrees with the facts and conclusions stated in the inspection report, it must submit its written statement explaining its disagreement and any evidence supporting the disagreement to the Department within 10 days of the receipt of the written inspection report. Where the Department concurs with the written statement of the assisted living community, it will issue a revised inspection report to the assisted living community.	

(3) Within 10 days of receipt of the written report of inspection, the assisted living community must develop a written plan for correcting any rule violations identified. The plan of correction must identify the specific actions that the assisted living community will take by date certain to come into compliance with each rule for which a deficient practice was identified.	The community must develop and post its plan of correction in the community for the rule violations cited. Posting in the community helps residents and their family members know how the community intends to correct the rule violations.
(4) A copy of the most recent inspection report and plan of correction must be displayed in the assisted living community in a location that is routinely used by the community to communicate information to residents and visitors instead of being sent to the Department as currently required in Rule 111-8-2506(6).	Guidance to surveyors: Check to make sure that the plan of correction has been posted in the community. The community is not required and should not send its plan of correction into the Department.
(5) The assisted living community must take the corrective actions necessary to achieve compliance with the rules.	When doing a follow-up survey on previously cited non-compliance, the surveyor will check to make sure that the community is back in compliance with the rules.
(6) The assisted living community must complete and maintain an accurate and current licensed residential care profile for inspection upon request by any person using the specific form made available by the Department.	Licensed residential care profiles are available for downloading on the HFRD website link at www.dch.ga.gov .
(7) The assisted living community must complete and maintain an accurate and current licensed residential care profile on file with the Department when the Department makes available a system for the submission and collection of such information electronically.	
(8) The assisted living community must provide services that are consistent with the information reported on its licensed residential care profile, its license and these rules.	
(9) The assisted living community's marketing materials must be consistent with its licensure classification as an assisted living community, the information reported on its licensed residential care profile, and these rules.	
(10) Only an assisted living community licensed pursuant to these rules may hold itself out as offering assisted living care.	
Authority O.C.G.A. §§ 31-2-7,31-2-8, 31-7-1 et seq. 111-8-6311 Community Design and Use Requirements.	
111-0-0311 Community Design and Ose nequirements.	
(1) An assisted living community shall be designed, constructed, arranged, and maintained so as to provide for all of the following:	

(a) health, safety, and well-being of the residents;	
(b) independence, privacy and dignity of the residents; and	
(c) safe access of all residents with varying degrees of functional impairments to living, dining and activity areas within the assisted living community.	The community must take into account the number of residents that require assistive devices and assisted self-preservation to ensure that safe access if maintained. For example, a community could be cited for not providing safe access if there is not sufficient room in the dining area for all of the residents who require powered wheel chairs to move safely in and out of the room at meal times, etc.
(2) An assisted living community which undergoes major structural renovation or is first constructed after the effective date of these rules must be designed and constructed in compliance with applicable state and local building and fire codes.	
(3) The assisted living community must have handrails, doorways and corridors which accommodate mobility devices, such as walkers, wheel chairs and crutches or canes as the residents may require for their safety.	
(4) Assisted living communities serving persons dependent upon wheelchairs for mobility must provide at least two (2) exits from the community which are remote from each other and wheelchair accessible.	
(5) Common Areas. The assisted living community must have common areas which meet the following requirements:	
(a) The assisted living community must have separate and distinct living room(s) which are conveniently located within easy walking distance of each resident's private living space, available for the residents' informal use at any time and not requiring any resident to leave the building to use.	This rule has three components: 1) at the time that the community is licensed, the living rooms must be within easy walking distance of the residents rooms, 2) the living rooms must be maintained in the same location as initially approved and 3) the residents must be permitted to use the living room at all times
(b) The assisted living community must have living rooms large enough to accommodate the residents without crowding. The rooms must be comfortably and attractively furnished.	

(c) The assisted living community must have areas in the community for use by	
residents and visitors which afford them privacy.	
(d) The assisted living community must have a kitchen and a comfortable dining area	
which are properly equipped and adequate in size for the number of residents being	
served.	
(e) All stairways and ramps must have sturdy and securely fastened handrails, not	
less than 30 inches nor more than 34 inches above the center of the tread. Exterior	
stairways, decks and porches must have handrails on the open sides.	
(f) Floor coverings must be intact and securely fastened to the floor and free of	
hazards that might cause tripping.	
(g) All areas of the assisted living community, including hallways and stairs must	
provide sufficient ambient lighting such that the residents may move about safely and	
objects may be easily observed by the residents. In addition, appropriate task lighting	
necessary for more visually demanding activities such as reading, knitting or preparing	
food must also be provided for resident use.	
(h) The assisted living community must provide laundering facilities on the premises	
for residents' personal laundry.	
(i) An assisted living community which provides laundry services for the residents	
must have a storage area that is used for clean laundry that is separate from the dirty	
laundry.	
(j) Common areas, such as living, dining, activity, laundry or other multi-purpose	
rooms, or hallways must not be used as sleeping accommodations for residents,	
family or staff.	
(6) Bedrooms or Private Living Spaces. The assisted living community must have	
bedrooms or private living spaces for the residents which meet the following	
requirements:	

(a) Bedrooms or private living spaces assigned to individual residents must have at least 80 square feet of usable floor space per resident with no more than two residents sharing the private living space. Usable floor space is defined as that floor space under a ceiling at least seven feet in height. However, licensed personal care homes approved prior to or on February 6, 1981 to operate with bedrooms with a minimum of 70 square feet of usable floor space per resident which have continuously operated since that date seeking licensure as assisted living communities, may continue to use the minimum 70 square feet standard. Where an assisted living community operating under this exception has its permit revoked, changes ownership, changes location, or undergoes extensive renovations, or for any other reason surrenders its permit, this exception regarding the minimum square footage is no longer available. (b) The resident's private living space must be self-contained and separated from	Private living spaces may include multiple rooms in which case the bedroom may not meet the 80 square feet of usable floor space requirement.
halls, corridors and other rooms by floor to ceiling walls and must not be used as a	
passageway or corridor by others to access other parts of the assisted living	
community.	
(c) The resident's private living space must have at least one window opening	
through an exterior wall of the assisted living community.	
(d) Each sleeping room must have a secondary exit. This secondary exit may be a	
door or a window usable for escape.	
(e) A room must not be used as a bedroom or private living space where more than one-half the room height is below ground level. Bedrooms or private living spaces which are partially below ground level must have adequate natural light and ventilation and have two useful means of egress. Control of dampness must be assured.	
(f) Doorways of bedrooms or private living spaces occupied by residents must be equipped with side-hinged permanently mounted doors equipped with positively latching hardware which will insure opening of the door by a single motion, such as turning a knob or by pressing with normal strength on a latch. For bedrooms or private living spaces which have locks on doors, both the occupant and staff must be provided with keys to assure easy entry and exit.	
(7) Bathing and Toileting Facilities. The assisted living community must provide bathing and toileting facilities that meet the accessibility needs of the residents and the following requirements:	
(a) At least one toilet and lavatory must be provided for each four residents' use based on the licensed capacity of the assisted living community.	

Chapter 111-8-63, Rules for Assisted Living Communities Effective January 2, 2012

(b) At least one bathing or showering facility must be provided for each eight residents based on the licensed capacity of the assisted living community. Assisted	
living communities serving residents who are dependent on wheel chairs or walkers,	
for mobility must have fully accessible bathrooms available for these residents.	
(c) There must be at least one toilet and lavatory provided on each floor where	
residents have bedrooms.	
(d) There must be a separate toilet and lavatory for the staff's use that is not counted	
in the minimum ratio of toilets and lavatories required for residents.	
(e) Grab bars and nonskid surfacing or strips must be properly installed in all	
showers and bath areas.	
(f) Bathrooms and toilet facilities must have working exhaust fans vented to the	
outside or windows that are screened and open to the outside easily.	
(g) Toilets, bathtubs and showers must provide for individual privacy.	
(8) Electrical Inspection. An applicant to operate an assisted living community	
must submit evidence of a satisfactory inspection of the electrical service of the	
assisted living community by a qualified electrician within no more than six months	
prior to the date of filing the application for a permit However, where the applicant	
holds a personal care home permit for the premises at the time of the application to	
become an assisted living community, no new electrical inspection is required unless	
renovation or repair work has been done since the last electrical inspection. Electrical	
service must be maintained in a safe condition at all times. The Department may	
require a reinspection of the electrical service at any time renovation or repair work is	
done in the assisted living community or there is a request for a change in capacity or	
there is reason to believe that a risk to residents exists.	
(9) Fire Safety. The assisted living community must have an effective fire safety	
program for the benefit of the residents which takes into account the unique needs of	
the residents being served.	
(a) The assisted living community must comply with applicable fire and sefety rules	Cheek with the Office of Cofety Fire Commissioner if
(a) The assisted living community must comply with applicable fire and safety rules published by the Office of the Safety Fire Commissioner.	Check with the Office of Safety Fire Commissioner if you have questions regarding fire and safety rules.
published by the Office of the Salety Fire Commissioner.	you have questions regarding life and safety rules.
(b) The assisted living community must comply with applicable local ordinances that	
specifically address fire safety.	
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(c) The assisted living community is required to obtain a repeat fire safety inspection if at any time the physical plant undergoes substantial repair, renovation or additions.	
(d) Where the Department has reason to believe, based on the number of residents requiring assisted self-preservation and staffing patterns that an assisted living community may not be able to evacuate all of the residents to a designated point of safety within an established period of time as determined by the Office of the Safety Fire Commissioner, the Department may either require the assisted living community to conduct an immediate fire safety drill or make a referral for a new compliance determination to the Office of the State Fire Commissioner.	Departmental surveyors will not require the community to initiate an immediate fire drill without the surveyor having obtained specific verbal approval from HFRD program management and taking into account weather conditions where the community is located, the time of day/night, the number of staff available, the number of residents requiring assisted self-preservation and the number of residents who have private caregivers present.
(10) Water and Sewage. The assisted living community's water and sewage systems must meet applicable federal, state, and local regulations.	
(11) Outdoor Spaces. Assisted living communities must provide or have conveniently located access to outdoor spaces for the use of the residents and access to parking spaces for the use of residents and visitors. Such outdoor spaces may include solaria, porches, balconies, roof decks, gardens or patios.	
Authority Ga. O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1, et seq.	
111-8-6312 Community Furnishings.	
111 0 00 112 Ochimanity Furnishings.	
(1) The assisted living community must provide furnishings throughout the assisted living community for the use of the residents that are maintained in good condition, intact, and functional.	
(2) The assisted living community must provide a name plate, or other identification, outside the resident's bedroom or personal living space that marks the area as the personal living space of the particular resident(s), unless the resident specifically requests no identification markers to be used.	
(3) Each resident's bedroom or private living space must have an adequate closet or wardrobe.	
(4) Each resident's bedroom or private living space must have working lighting fixtures sufficient for reading and other resident activities.	

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(5) If the community provides the furnishings, each resident's bedroom or private	
living space must have a bureau or dresser or the equivalent and at least one	
comfortable chair per resident in each bedroom or private living space.	
(6) Each resident bedroom must have a mirror appropriate for grooming unless the resident or resident's representative explicitly requests to have the mirror removed.	The resident's bedroom is interpreted to be equivalent to the resident's private living space which might include a bathroom, living room and kitchenette. So, a mirror for grooming might be placed in another location within the resident's private living space.
(7) Each resident's bedroom or private living space must have a waste basket unless	
the resident or resident's representative specifically requests to have it removed.	
(8) The assisted living community must allow the resident to personalize the	
bedroom or private living space as the resident chooses by permitting the resident to	
use personal furniture so long as such furnishings do not pose a threat to the health or	
safety of the other residents. The assisted living community must provide the	
resident with assistance in mounting or hanging pictures on bedroom walls.	
(9) Each resident must have an individual bed which is at least 36-inches wide and 72-inches long with comfortable springs and mattress, clean and in good condition. Where a particular resident is very tall, the assisted living community must provide an extra-long mattress. The mattress must not be less than five-inches thick, or four-inches, if of a synthetic construction. Roll-a-ways, cots, double-decks, stacked bunks, hide-a-beds and studio couches are not to be provided by the assisted living community in lieu of standard beds. However, residents who prefer to furnish their own living units may choose to use different-sized beds in lieu of standard twin-size beds.	
(10) The assisted living community must make available for each resident who requires linen service an adequate supply of clean linens which includes, at a minimum, two sheets, pillow, pillowcase, blanket, bedspread, towels and wash cloth. If the resident requires more blankets for comfort, the assisted living community must provide them.	By agreement, residents may choose to provide their own linens.
(11) The assisted living community must change and launder linens for each resident at least weekly or more often unless the resident specifically declines the linen service. Whether or not the resident declines linen services, the assisted living community must maintain an adequate supply of spare linens on hand to accommodate the needs of the residents.	Even if the resident does not opt for linen service, the community must keep on hand an emergency supply of spare linens in the event that the resident requires an unscheduled change of linens for comfort.

(12) At least one current calendar and working clock must be placed in the common	
living area of each assisted living community.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8, and 31-7-1 et seq.	
111-8-6313 Community Safety Precautions.	
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(1) The interior and exterior of the assisted living community must be kept clean, in good repair and maintained free of unsanitary or unsafe conditions which might pose a health or safety risk to the residents and staff.	
(2) Where the assisted living community includes private living space for persons who are not receiving services as residents of the assisted living community, the maintenance of the private living space must comply with fire safety codes and not threaten the health or safety of the residents.	
(3) The assisted living community must maintain wall-type electric outlets and working lamps or light fixtures throughout the assisted living community in good working order and which are safe for the intended use. The assisted living community must provide necessary light bulbs.	
(4) Refrigeration and cooking appliances must be properly installed, maintained in accordance with manufacturer's recommendations and kept clean. Where metal hoods or canopies are provided, they must be equipped with filters which are maintained in an efficient condition and kept clean at all times.	
(5) Space heaters must not be used, except during an emergency situation after obtaining specific written approval of the fire safety authority having jurisdiction over the assisted living community.	
(6) Fire screens and protective devices must be used with fireplaces, stoves and heaters.	
(7) Each assisted living community must be protected with sufficient functioning smoke detectors, powered by house electrical service with battery back-up, which when activated, must initiate an alarm which is audible in the sleeping rooms.	Check with the Office of the Safety Fire Commissioner if you have questions about what would be a sufficient number of smoke detectors.

(8) Each assisted living community must have charged 5 lb. or more multipurpose ABC fire extinguishers available for use throughout the community as required by state or local fire codes, whichever is more stringent. These fire extinguishers shall be checked and tagged annually by a licensed fire extinguisher company to assure the extinguishers remain in operable condition.	
(9) Each assisted living community must have a working doorbell or doorknocker which is audible to staff inside at all times.	
(10) Exterior doors must be equipped with locks which do not require keys to open them from the inside.	Key pads may be utilized under the following conditions: 1. Residents must be able to exit the community when desired if the resident is not in a specialized memory care unit. 2. The code or instructions for egress must be posted. 3. The community must provide sufficient staff to ensure appropriate watchful oversight. Magnetic locks may be utilized as long as the evacuation plan can be implemented safely. Residents must be able to evacuate safely and within the required time frame.
(11) Entrances and exits, sidewalks, and escape routes must be maintained free of any hazards such as refuse, equipment, furniture, ice, snow, debris or any other impediments to ensure complete and immediate entry and exit in the case of fire or other emergency.	
(12) The assisted living community must have its name and house number displayed so as to be easily visible from the street.	
(13) The assisted living community must store and safeguard poisons, caustics, and other dangerous materials in safe areas and separate from food preparation and storage areas, and medication storage areas.	
(14) Heated water must be made available by the assisted living community to the residents for their usage and must be comfortable to the touch but must not exceed 120 degrees Fahrenheit (F.).	

(15) Where the assisted living community provides transportation to the residents, the assisted living community must maintain on the vehicle: basic emergency contact information on the residents being transported.	Emergency contact information must include at a minimum: the name of resident, the resident's representative or interested family member and the name and phone number of the resident's attending physician and any emergency instructions, re: allergies.
Authority: O.C.G.A. §§ 31-2-7, 31-2-8 and 31-7-1 et seq.	
111-8-6314 Emergency Preparedness.	
(1) An assisted living community must develop and maintain a building evacuation plan which contains procedures and mechanisms for alerting and escorting residents to safety when the building must be evacuated as a result of an emergency.	
(2) Lists of residents with room number designations that require assisted self-preservation must be readily accessible to staff responsible for evacuating residents.	"Readily accessible" means staff have a location on the floor where they can easily review those residents who require assisted self-preservation in the event of an emergency. The same information should be available to administrator/on site managers. PRN staff may not be as familiar with residents as regular staff so it is imperative that this information be available on floors where residents are living.
(3) Building evacuation maps with routes of escape clearly marked must be posted conspicuously on each floor of the assisted living community. Assisted living communities must have a clearly accessible route for emergencies throughout the common areas of the assisted living community,	
(4) In addition to the building emergency evacuation plan, each assisted living community must develop and utilize a comprehensive emergency preparedness plan for responding to internal and external disasters and emergency situations which address obtaining emergency transportation, sheltering in place, loss of power and water, evacuation and transporting the residents away from the community utilizing a plan format acceptable to the Department.	

(5) The plan must be readily accessible to staff, residents and their families at the assisted living community and identify the staff position(s) responsible for implementing the plan, obtaining necessary emergency medical attention or intervention for residents.	The disaster preparedness plan will be reviewed during the annual inspection or any complaint investigation. A copy of the disaster preparedness plan must be maintained at the community at all times. Disaster preparedness plans stored electronically must be accessible at the community for review and use.
(6) The plan must describe clearly how the emergency procedures will be carried out for potential emergency situations or disasters which might likely occur, such as forced evacuation, utility outage or sheltering in place as a result of a hurricane or tornado. The emergency procedures must answer the questions of "who, what, when, where, and how" the assisted living community will be ready to act effectively and efficiently in an emergency situation.	
(7) The entire plan must be rehearsed at least annually with the exception of fire evacuation which must be rehearsed in compliance with fire safety standards. Written and accurate records of rehearsals, including the names of all residents, staff and volunteers participating and times necessary to execute the evacuation rehearsals must be maintained.	
(8) The assisted living community must maintain written records of all incidents which require implementation of the emergency preparedness plan, including a written critique of the performance under the plan.	
(9) The plan must be made available to the local emergency management agency and shared with other organizations involved in disaster preparedness and recovery upon request.	
(10) The plan must be reviewed and updated as changes in circumstances require and at least annually. Written records of plan reviews, incidents, critiques and rehearsals, must be maintained for two years following the action being recorded.	
(11) The assisted living community must notify the Department as soon as practicable when an emergency situation occurs which requires implementation of the emergency preparedness plan, but in no event later than one business day after the emergency situation. Such notification to the Department may be verbal initially and must be followed-up in writing within three business days.	

(12) The assisted living community must provide timely notification of the relocation	
address to the residents, their family contacts and representatives, if any, and the	
Department whenever the assisted living community must relocate the residents as a	
result of an emergency situation which disrupts the provision of room and board for the	
residents at the licensed location.	
(13) Emergency Suspension of Rules. The Department may suspend the	
requirements of these rules where the Governor of the State of Georgia has declared	
an emergency or disaster and authorizes the suspension of laws and rules as deemed	
necessary.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq., and 38-3-51.	
111-8-6315 Admission and Resident Retention.	
(1) Resident Profile for Admission. The assisted living community must determine	
that the potential resident must meet all of the following criteria at the time of	
admission:	
(a) The resident must be an adult who is at least 18 years of age.	
(b) The resident must not have active tuberculosis, or require continuous medical or	See the Report of Physical Examination required for
nursing care and treatment or require physical or chemical restraints, isolation or	ALCs available through the the Healthcare Facility
confinement for behavioral control.	Regulation Division link on the DCH website at
	www.dch.ga.gov.
(c) The resident's physical condition must be such that the resident is capable of	
actively participating in transferring from place to place.	
(d) The resident must be able to participate in the social and leisure activities	The community must not admit residents who are not
provided in the assisted living community.	capable of participating in the life of the community.
	For example, a resident who is in a coma must not be
	admitted to the community. Of course, residents may
	choose not to participate in the activities that the
	community provides.
(2) Evaluation of Applicants for Admission. In determining whether the assisted	
living community will be able to meet the needs of the applicant for admission to the	
assisted living community, the administrator or on-site manager of an assisted living	
community must consider and maintain documentation of the following:	
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The community must maintain documentation of the interview including information regarding the applicant;s care needs, social needs and behavioral issues.
The physical examination form is available on the Healthcare Facility Regulation Division link on the DCH website at www.dch.ga.gov.
The community must maintain the results of the inquiry in the resident's file. http://www.nsopw.gov/Core/Conditions.aspx . The community can access the web site and print out the web page showing that there is no record for the resident.
The community is not required to admit every resident who wants to live in the community. But if the community admits a resident with a violent history, the community must document and implement a safety plan for the residents and staff.

(4) Community Admission Decisions. The assisted living community must not admit residents who either do not meet the admission profile or who meet the profile but whose care needs cannot be met by staff available to provide assistance. The assisted living community's decision to admit a resident must reflect that it has taken into account the condition of the resident to be admitted, the needs of currently admitted residents, the assistance with self-preservation current residents require, and the construction of the building including whether such building meets the state fire safety requirements applicable to an existing health care occupancy. (5) Community Retention Decisions. The assisted living community must require a resident to move out when any one of the following occurs:	A community must determine how many residents it can safely care for who require assisted self-preservation taking into account the needs of current residents, the assistance with self-preservation that the current residents require, etc. The community must not admit new residents who require assisted self-preservation if they do not have the capacity to provide safe care to all of the residents.
(a) The resident requires continuous medical or nursing care.	
(b) The resident's specific care needs cannot be met by available staff in the community, e.g., the resident is not ambulatory and not capable of assisted self-preservation.	An assisted living community would need to discharge a resident if the resident was not able to actively participate in transferring from bed to chair, etc. and staff of the community or private caregivers were not available to provide assisted self-preservation, taking into account the number of other residents who require assisted self-preservation.
(c) The community is not able to evacuate all of the current residents to a point of safety within established fire safety standards.	If the community is not able to meet its established evacuation times given the mix of residents, then the community must either utilize more staff or move to discharge the number of residents necessary to ensure that established evacuation times are met.
(6) Change in Condition Requiring Reevaluation. In the event a resident develops a significant change in physical or mental condition, the assisted living community must obtain medical information necessary to determine that the resident continues to meet the retention requirements and the assisted living community is capable of meeting the resident's needs. Where the Department has reason to believe either that the assisted living community cannot meet needs of the resident or the resident no longer meets the retention criteria for living in the licensed assisted living community, the governing body must provide to the Department, upon request, a current physical examination for the resident from a physician, advanced practice registered nurse or physician's assistant as properly authorized. Authority O.C.G.A. §§ 31-2-7,31-2-8 and 31-7-1 et seq.	

111-8-6316 Admission Agreements.	
(1) Contents of the Written Admission Agreement. The assisted living	
community must ensure that the admission agreement is written in plain and	
understandable language and is consistent with the information contained on the	
licensed residential care profile.	
(a) The admission agreement must include a current statement of all fees and daily,	
weekly or monthly charges; the services covered by those basic fees and any other	
services which the assisted living community provides on an additional fee basis.	
(b) The admission agreement must contain a statement that residents and their	
representatives or legal surrogates shall be informed, in writing, at least 60 days prior	
to changes in established charges and services.	
(c) The admission agreement must contain provisions for the administrator or on-	
site manager's continuous assessment of the resident's needs, referral for appropriate	
services as may be required if the resident's condition changes and referral for transfer	
or discharge if required due to a change in the resident's condition.	
(d) The admission agreement must contain a description of how the community	
responds to formal complaints received from residents and their representatives and	
how to file a complaint within the community.	
(e) The admission agreement must contain provisions for transportation of residents	
for shopping, recreation, rehabilitation, medical services. Such transportation service	
may be provided by the assisted living community as either a basic service or on a	
reimbursement basis; with transportation for emergency use available at all times.	
(f) The admission agreement must include the assisted living community's refund	
policy when a resident dies, is transferred or discharged.	
(g) The admission agreement must include a statement that a resident may not be	
required to perform services for the assisted living community.	

(h) The admission agreement must include a copy of the house rules, which must be	
in writing and also posted in the assisted living community and explain how violations	
of the house rules will be addressed by the community. House rules must be	
consistent with residents' rights. House rules must include, but not be limited to	
policies regarding the use of tobacco and alcohol, the times and frequency of use of	
the telephone, visitors, ,elopement from the community, hours and volume for viewing	
and listening to television, radio and other audiovisual equipment, whether residents'	
personal pets or household pets are permitted and the use of personal property.	
(i) The admission agreement must disclose how and by what level of staff	The community may have an established relationship
medications are handled in the community. The agreement must also specify who is	with a particular pharmacy but may not require the
responsible for initial acquisition and refilling of prescribed medications utilizing unit or	residents to use a particular pharmacy or pharmacist.
multidose packaging for the resident. Either this responsibility will remain with the	In accordance with Rule 111-8-6325(r) and .24(2)(f)
resident, representative or legal surrogate, if any, or be assigned to the assisted living	the resident has a right to choose his/her pharmacy.
community operating through the administrator or on-site manager.	
(j) The admission agreement must disclose whether the community permits the	
resident to employ independent proxy caregivers, sitters, etc. or requires the purchase	
of such services from approved providers.	
(2) The assisted living community must provide each resident, representative, legal	
surrogate with an opportunity to read the complete agreement prior to the execution of	
the admissions agreement. In the event that a resident, representative or legal	
surrogate is unable to read the agreement, the administrator or on-site manager must	
take steps to assure communication of the contents of the admission agreement to be	
signed.	
(3) The assisted living community must provide the resident and representative or	
legal surrogate, if any, with a signed copy of the agreement. A copy signed by both	
parties (resident and administrator or on-site manager) must be retained in the	
resident's file and maintained by the administrator or on-site manager of the assisted	
living community.	
(4) The assisted living community must not use a written admission agreement or	
any other written agreement signed by the resident or the resident's legal	
representative which waives or attempts to waive any of the resident's rights these	
rules protect.	
Authority O.C.G.A. §§ 31-2-7,31-2-8, 31-7-1 et seq.	

111-8-6317 Services in the Community.	
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(1) The assisted living community must provide assisted living, including protective	
care and watchful oversight, which meets the needs of the residents it admits and	
retains.	
(2) Resident Needs Assessment. The assisted living community must complete an	
assessment of the resident that addresses the resident's care needs taking into	
account the resident's family supports, the resident's functional capacity relative to the	
activities of daily living, physical care needs, medical information provided, cognitive	
and behavioral impairments, if any, and personal preferences relative to care needs.	
(3) Written Care Plan. Utilizing the information acquired during the admission	
process and the move-in adjustment period, the assisted living community must	
develop the resident's individual written care plan within 14 days of admission and	
require staff to use the care plan as a guide for the delivery of care and services to the	
resident. The care plan must include the following:	
(a) a description of the resident's care and social needs and the services to be	
provided, including frequency to address care and social needs;	
(b) resident's particular preferences regarding care, activities and interests;	
(c) specific behaviors to be addressed with interventions to be used;	
(d) any physician order or order of a nurse practitioner or physician assistant	
working under protocol or job description, respectively for assistive devices;	
(e) staff primarily responsible for implementing the care plan;	
(f) evidence of family involvement in the development of the plan when appropriate;	
and	
(g) evidence of the care plan being updated at least annually and more frequently	
where the needs of the resident change substantially or the resident is assigned to a	
specialized memory care unit.	
(4) Social Activities. Each assisted living community must provide social activities	
on a daily basis that promote the physical, mental and social well-being of each	
resident and take into account the personal preferences of the residents.	

(5) Activity Resources. The assisted living community must provide, books, current newspapers or magazines, and games for leisure time activities. The assisted living community must offer assistance to residents who wish to participate in hobbies, music, arts and crafts, religion, games, and sports, social, recreational and cultural activities available in the assisted living community and in the community. (6) Available Telephone. The assisted living community must have at least one operable, non-pay telephone which is accessible at all times for emergency use by staff on the premises. Residents must also have access to an operable, non-pay telephone in a private location, both to make and receive personal calls. The same telephone may be used for staff and resident access.
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(7) The assisted living community must not restrict a resident's free access to the
common areas of the assisted living community or the specialized memory care unit
or lock the resident into or out of the resident's bedroom.
(8) Proxy Caregiver Services. Where the assisted living community chooses to An assisted living community is not required to employ
allow proxy caregivers to function in the community to perform certain health proxy caregivers or allow residents to hire their own
maintenance activities that are not covered in the basic assisted living care the proxy caregivers. The community may decide that it
community is required to provide, the assisted living community must do either of the will only allow its own staff to provide assisted living
following: care. The community must disclose the use of proxy
caregivers (or that they are prohibited) in the
community's policies and procedures.
(a) Provide employees who are available for designation by a resident to serve as
proxy caregivers to perform certain health maintenance activities; or
(b) Permit the resident or a person legally authorized to act on behalf of the
resident to employ designated proxy caregivers to provide health maintenance
activities.
(9) Proxy Caregiver Records. The community must maintain documentation on all Where the community hires the proxy caregiver, it must
proxy caregivers performing health maintenance activities which complies with the complete the necessary paperwork, e.g. informed
Rules and Regulations for Proxy Caregivers, Chapter 111-8-100. consent, skills checklist, etc. Where the community
allows the resident to hire a proxy caregiver, the
community must obtain a copy of the necessary
paperwork showing informed consent, training, etc.
(10) Prohibited Proxy Caregiver Services. Where the assisted living community Assisted living communities must employ certified
employs proxy caregivers, the community must not permit proxy caregivers to provide medication aides to administer medications.
assistance with or administer medications.

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	(11) Medical, nursing (other than developing and updating care plans, training,	
	medication administration and skills competency determinations) health services	
	required on a periodic basis, or for short-term illness, must not be provided as services	
	of the assisted living community. When such services are required, they shall be	
	purchased by the resident or the resident's representative or legal surrogate, if any,	
	from appropriately licensed providers which are managed independently and not	
	owned or operated by the assisted living community. The assisted living community	
	may assist in arrangement for such services, but not in the provision of those services.	
	Authority O.C.G.A. §§. 31-2-7, 31-2-8, 31-7-1, et seq. and 43-26-12.	
	111-8-6318 Requirements for Memory Care Services.	
	(1) An assisted living community which serves residents with cognitive deficits which	
	place the residents at risk of eloping, i.e. engaging in unsafe wandering activities	
	outside the assisted living community must do the following:	
	(a) Develop, train and enforce policies and procedures for staff to deal with residents	Mattie's Call Law must be followed. See O.C.G. A.
	who may wander away from the assisted living community including what actions, are	§38-3-110 et seq.
	to be taken if a resident wanders away (elopes) from the assisted living community.	
	(b) Utilize appropriate effective safety devices, which do not impede the residents'	Such devices could include alarms that sound when an
	rights to mobility and activity choice or violate fire safety standards, to protect the	exterior door is opened and alert the staff to a
	residents who are at risk of eloping from the premises.	resident's leaving the building.
	1. If the safety devices include magnetic locks used on exit doors, as approved by	Before installing new locks, check with the fire safety
	the fire marshal having jurisdiction over the assisted living community, then the locking	jurisdiction having authority for the community to
	device shall be electronic and release whenever the following occurs: activation of the	ensure that the device meets local requirements and
	fire alarm or sprinkler system, power failure to the assisted living community or by-	that there is always a safe method of exiting through
	pass for routine use by the public and staff for service using a key button/key pad	the door in the event of a power failure, etc.
	located at the exit or continuous pressure for thirty (30) seconds or less.	
Ī	2. If the safety devices include the use of keypads to lock and unlock exits, then	
	directions for their operations shall be posted on the outside of the door to allow	
	individuals' access to the unit. However, if the unit is a whole assisted living	
	community, then directions for the operation of the locks need not be posted on the	
	outside of the door. The units must not have entrance and exit doors that are closed	
	with non-electronic keyed locks nor shall a door with a keyed lock be placed between	
	a resident and the exit.	
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(2) An assisted living community serving residents who are at risk of eloping from the premises must retain on file at the assisted living community current pictures of any such residents.	At a minimum, a community must have a current picture of any resident who is at risk of eloping, e.g. has advancing dementia and gets confused about location and may wander outside the community. The picture may be taken at the time of admission but must be periodically updated if the resident's physical appearance changes greatly. A copy of the photo should be provided to law enforcement authorities if Mattie's Call is initiated. It is a good idea to maintain current pictures of all residents particularly where medications are being administered to ensure that the right medication is being administered to the right resident by PRN staff, etc.
Authority O.C.G.A. §§ 31-2-7,31-2-8, 31-7-1 et seq.	
444 0 CO 40 Additional Barrainaments for Outsialised Manager Constitute	
111-8-6319 Additional Requirements for Specialized Memory Care Units	
(1) In addition to all other requirements contained in this Chapter, where an assisted living community holds itself out as providing additional or specialized care to persons with probable diagnoses of Alzheimer's Disease or other dementia or charges rates in excess of that charged other residents because of cognitive deficits which may place the residents at risk of eloping, the assisted living community must meet the following requirements:	The purpose of this rule is to assist potential residents and families in understanding what services are provided, by whom, when and at what cost.
(a) Written Description. The assisted living community must include in its licensed residential care profile an accurate written description of the special care unit that includes the following:	
1. a statement of philosophy and mission;	
2. how the services and activities of the special care unit are different from those provided in the rest of the assisted living community;	
3. staffing including job titles of staff who work in the unit, staff training and continuing education requirements;	Potential residents and families need to know who is staffing the unit. Does the community provide a nurse, and if so, for how many hours a week? Is a nurse on call?
4. admission procedures, including screening criteria;	

5. assessment and service planning protocol, including criteria to be used that would trigger a reassessment of the resident's status before the customary quarterly review;	The protocol should explain the kinds of changes in condition that would trigger a re-evaluation, e.g. loss of ability to ambulate.
6. staffing patterns, including the ratio of direct care staff to resident for a 24-hour	
cycle, and a description of how the staffing pattern differs from that of the rest of the program;	
7. a description of the physical environment including safety and security features;	
8. a description of activities, including frequency and type, and how the activities	
meet the needs of residents with dementia.	
9. the program's fee or fee structure for all services provided by the unit or assisted	Residents and their families need to be given clear
living community;	information on all fees that might be charged.
10. the discharge criteria and procedures;	
11. the procedures that will be utilized for handling emergency situations; and	
12. the involvement of the unit with families and family support programs.	
(b) Physical Design, Environment, and Safety. The memory care unit or special	
care unit must be designed to accommodate residents with severe dementia or	
Alzheimer's Disease in an assisted living community-like environment which includes	
the following:	
 multipurpose room(s) for dining, group and individual activities which are 	
appropriately furnished to accommodate the activities taking place;	
2. secured outdoor spaces and walkways which are wheel chair accessible and	
allow residents to ambulate safely but prevent undetected egress;	
3. high visual contrast between floors and walls and doorways and walls in resident	
use areas—except for fire exits, door and access ways which may be designed to	
minimize contrast to conceal areas where the residents should not enter;	
4. adequate and even lighting which minimizes glare and shadows;	
5. the free movement of the resident, as the resident chooses, between the	
common space and the resident's own personal space in a bedroom that accommodates no more than two (2) residents;	
6. individually identified entrances to residents' rooms to assist residents in readily identifying their own personal spaces;	
identifying their own personal spaces,	

7. an effective automated device or system to alert staff to individuals entering or leaving the unit in an unauthorized manner. An assisted living community need not use an automated alert for an exit door when the particular exit is always staffed by a receptionist or other staff member who views and maintains a log of individuals entering and leaving the assisted living community. If the exit door is not always staffed, then the assisted living community must activate an automated alert when the door is not attended; 8. communication system(s) which permit staff in the unit to communicate with other	The unit must have a functioning communication
staff outside the unit and with emergency services personnel as needed; and	system to allow staff in the unit to summon help from others outside the unit. The system should include an internal intercom or alarm system to alert other staff and a telephone to contact emergency medical services.
9. a unit providing specialized memory care services which undergoes major renovation or is first constructed after December 9, 2009, must be designed and constructed in compliance with applicable state and local building and fire codes relevant to the specialized unit and the assisted living community.	
(c) Staffing and Initial Staff Orientation. The assisted living community must ensure that the contained unit is staffed with sufficient specially trained staff to meet the unique needs of the residents in the unit.	
At a minimum, the assisted living community must employ certified medication aides in the unit to administer certain medications.	Residents who are properly placed in a specialized memory care unit require the administration of medications by certified medication aides, at a minimum.
2. At least one staff member who is awake and supervising the unit at all times and sufficient numbers of trained staff on duty at all times to meet the needs of the residents.	
3. Staff who, prior to caring for residents independently, have successfully completed an orientation program that includes at least the following components in addition to the general training required in Rule 111-8-6309:	
(i) the assisted living community's philosophy related to the care of residents with dementia in the unit;(ii) the assisted living community's policies and procedures related to care in the unit	
and the staff's particular responsibilities including wandering and egress control; and	

(iii) an introduction to common behavior problems characteristic of residents residing	
in the unit and recommended behavior management techniques.	
(d) Initial Staff Training. Within the first six months of employment, staff assigned	
to the unit shall receive training in the following topics:	
1. the nature of Alzheimer's Disease and other dementias, including the definition of	
dementia, and knowledge of dementia-specific care needs;	
common behavior problems and recommended behavior management	
techniques;	
3. communication skills that facilitate better resident-staff relations;	
4. positive therapeutic interventions and activities such as exercise, sensory	
stimulation, activities of daily living skills;	
5. the role of the family in caring for residents with dementia, as well as the support	
needed by the family of these residents;	
6. environmental modifications that can avoid problematic behavior and create a	
more therapeutic environment;	
7. development of comprehensive and individual service plans and how to update or	
provide relevant information for updating and implementing them consistently across	
all shifts, including establishing baseline care needs;	
8. new developments in dementia care that impact the approach to caring for the	
residents in the special unit;	
9. skills for recognizing physical or cognitive changes in the resident that warrant	
seeking medical attention; and	
10. skills for maintaining the safety of residents with dementia.	
(e) Special Admission Requirements for Unit Placement. Residents must have a	Departmental Physical Examination form is required.
physician's report of physical examination completed within 30 days prior to admission	A resident who requires 24-hour skilled nursing care
to the community or unit on forms made available by Department. The physical	for management of their medical needs must not be
examination must clearly reflect that the resident has a diagnosis of probable	admitted to the Memory Care Unit.
Alzheimer's Disease or other dementia and has symptoms which demonstrate a need	·
for placement in the specialized unit. However, the unit may also care for a resident	
who does not have a probable diagnosis of Alzheimer's Disease or other dementia,	
but desires to live in this unit and waives his or her right to live in a less restrictive	
environment. In addition, the physical examination report must establish that the	
potential resident of the unit does not require 24-hour skilled nursing care.	
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(f) Post-Admission Assessment. If the resident is admitted directly into the	
specialized memory care unit, the unit must obtain an assessment of each resident's	
care needs to include the following components: resident's family supports, level of	
activities of daily living functioning, physical care needs and level of behavior	
impairment.	
(g) Individual Written Care Plan and Reviews. The resident's written care plan will	Quarterly reviews of care plans are required for
be developed or updated by staff with at least one member of the specialized memory	residents in a specialized memory care unit.
care staff providing direct care participating. Input from each shift of direct care staff	
that provides care to the resident will be requested. All team members participating	
shall sign the written care plan and the plan will be shared with the direct care staff	
providing care to the resident and serve as a guide for the delivery of care to the	
resident. The written care plan must be reviewed at least quarterly and modified as	
changes in the resident's needs occur.	
(h) Therapeutic Activities. The unit shall provide activities appropriate to the needs	
of the individual residents and adapt the activities, as necessary, to encourage	
participation of the residents in the following at least weekly with at least some	
therapeutic activities occurring daily:	
1. gross motor activities; e.g. exercise, dancing, gardening, cooking, etc;	
self-care activities; e.g. dressing, personal hygiene/grooming;	
3. social activities; e.g. games, music;	
4. sensory enhancement activities, e.g. distinguishing pictures and picture books,	
reminiscing and scent and tactile stimulation; and	
5. outdoor activities; e.g. walking outdoors and field trips.	
(2) No licensed assisted living community is permitted to hold itself out as providing	
specialized care for residents with probable Alzheimer's disease or other dementia or	
charge a differential rate for care of residents with cognitive deficits that place the	
residents at risk of engaging in unsafe wandering activities (eloping) unless it meets	
the additional requirements specified in Rule 111-8-6319(1) and its subparagraphs	
(a) through (h) above.	
Authority: O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq. et seq. and 43-26-32.	
111-8-6320 Medications.	

(1) Self-Administration of Medications. Residents who have the cognitive and functional capacities to engage in the self-administration of medications safely and independently without staff assistance or supervision must be allowed to store their own medications securely and self-administer medications if they so desire.	Review the definition of "self-administration" in rule 111-8-6303(pp). Residents must be assessed and determined capable of self-administration. The resident can generally tell you what the medication is for, when it is to be taken, and can describe the physical characteristics of the medication and tell you if he or she is experiencing physical symptoms (weak, dizzy, etc.) that might be indicative of an adverse drug reaction
(2) Assistance with Self-Administration. An assisted living community must provide assistance with or supervision of self-administered medications to those residents who have the cognitive capacity to engage in the self-administration of medications, but require or request staff assistance with or supervision of the self-administration of medications for safety or convenience.	Uncertified and unlicensed caregivers may provide assistance with or supervision of self-administered medicatons ONLY TO THOSE RESIDENTS WHO ARE CAPABLE OF SELF-ADMINISTRATION BUT CHOOSE TO HAVE COMMUNITY STAFF HANDLE THE MEDICATIONS FOR THEM. The residents must be able to exercise judgment and choice about taking the medications and be able to articulate any physical reactions to medications Assistance with self-administration of medications by uncertified and unlicensed caregivers to residents who are capable of self-administration is limited to the activities listed in (a).
(a) Such staff assistance with or supervision of self-administered medications may only be provided for unit or multi-dose packaged medications prescribed for the particular resident and may include only the following tasks:	donvines notes in (u).
1. taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing the medication to the resident;	
2. reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container, in the presence of the resident;	
3. placing an oral dosage in the resident's hand or placing the dosage in another container where the resident requests assistance;	
4. applying topical medications;	O dideline 4.0 model Edward O 2040

5. returning the medication container to proper secured storage; and	
6. assisting the resident's use of an EPI pen where the resident has known severe	
allergies for which an EPI pen has been prescribed on condition that there is an	
established written protocol detailing how it is to be used and when. The protocol must	
include immediately calling Emergency Services, 911, after any use of the EPI pen.	
(b) Staff assisting with or supervising self-administration of medications must be proficient in English and able to read, write and follow written instructions in English.	One way to assess healthcare literacy of a staff person assigned to provide assistance or supervision is to have the staff person take the Test of Functional Health Literacy for Adults (TOFHLA) as a screening tool. The Test of Functional Health Literacy in Adults (TOFHLA) measures the functional literacy level of the person taking the test, using real-life health care materials. These materials include patient education information, prescription bottle labels, registration forms, and instructions for diagnostic tests. The TOFHLA is available for purchase from
	http://www.peppercornbooks.com/ for \$90.00 and permits the purchaser to reproduce without additional charge the assessment instruments for use in its own testing program.
(3) Community Administration of Medications. Where the residents either are not	
capable of self-administration of medications or choose not to self-administer	must, at a minimum, receive their medications from
medications with assistance or supervision, the assisted living community must	certified medication aides.
provide medication administration services to the residents in accordance with	
physicians' orders, the needs of the residents and these rules.	
(4) Specialized Staffing for Medication Administration. The assisted living	
community offering medication administration services must employ certified	
medication aides, at a minimum, to administer medications.	
(5) Certified Medication Aide Requirements. An assisted living community using certified medication aides to administer specific medications must do all of the following:	
ionowing.	

(a) Check the Registry. Ensure that the medication aides employed in the community are listed in good standing on the Georgia Certified Medication Aide Registry and have no record of being terminated for cause relating to the performance of medication aide tasks before permitting the aides to administer medications.	The Georgia Certified Medication Aide Registry can be accessed at the Georgia Medical Care Foundation's website at https://www.mmis.georgia.gov/portal/PubAccess.Nurse/20Aide/tabld/71/Default.aspx. Click on the Nurse Aide tab.
(b) Administer Skills Competency Checks. Determine and document that the medication aides who have been certified for more than one year upon hiring, continue to have the knowledge and skills necessary to administer medications properly for the particular community. The community must use a skills competency checklist which meets the requirements contained in the standardized clinical skills competency checklist used to certify medication aides.	If the community is hiring a CMA whose certification is more than one year old, the community must have a registered nurse, physician or pharmacist complete a new skills competency checklist for the CMA.
(c) Quarterly Observations. Use a licensed registered professional nurse or a pharmacist to conduct quarterly random medication administration observations to determine that the aides are administering medications correctly and in compliance with these rules and report any issues to the assisted living community administration for resolution.	Observation means that the registered nurse actually watches the aides to determine that they are administering the medication correctly and properly documenting the action in the resident's MAR. If the community employs multiple CMAs, a quarterly observation of medication aides actually administering medications is required. It is expected that these quarterly observations would result in each CMA being observed administering medications by a registered nurse or pharmacist at least once every six months.
(d) Quarterly Drug Regimen Reviews. Secure the services of a licensed pharmacist to perform all of the following duties:	
1. Conduct quarterly reviews of the drug regimen for each resident of the assisted living community and report any irregularities to the assisted living community administration.	The community must maintain documentation of these quarterly regimen reviews for each resident by the pharmacist.
2. Remove for proper disposal any drugs that are expired, discontinued or in a deteriorated condition or where the resident for whom such drugs were ordered is no longer a resident.	Guidance to Surveyor: Check medication storage areas to verify that medications stored are not out of date, properly stored and inventoried to remove medications no longer needed, etc.
3. Establish or review policies and procedures for safe and effective drug therapy, distribution, use and control.	

4. Monitor compliance with established policies and procedures for medication	
handling and storage.	
(e) Authorized Tasks for Certified Medication Aides. An assisted living	
community may allow a certified medication aide to do only the following tasks related	
the administration of medications utilizing only unit or multidose packaging of	
medications:	
1. Administer physician ordered oral, ophthalmic, topical, otic, nasal, vaginal and	
rectal medications.	
2. Administer insulin, epinephrine, and B12 pursuant to physician direction and	
protocol.	
3. Administer medications via a metered dose inhaler.	
4. Conduct finger stick blood glucose testing following established protocol.	
5. Administer a commercially prepared disposable enema ordered by a physician.	
6. Assist residents in the supervision of self-administration of medications.	See definition of self-administered medications. The
	resident being assisted must be capable of self-
	administration.
(f) Annual Competency Reviews. Complete comprehensive clinical skills	
competency reviews for each certified medication aide utilizing the skills competency	
checklist at least, annually after hiring to determine that the aides continue to have the	
necessary skills to perform the medication tasks assigned competently. Such skills	
competency checklists must be administered by Georgia-licensed registered nurses,	
pharmacists or physicians, who indicate in writing that the tasks observed are being	
performed competently.	
(g) Proper Notice of Separation for Cause. Ensure that where a medication aide is	
terminated for cause relating to the performance of medication aide tasks, the aide is	
provided with the following:	
1. a separation notice that clearly describes the facts that support the termination	
for cause;	
2. written notice that being terminated for cause related to the administration of	The separation or termination letter must clearly inform
medications, if not successfully appealed through a hearing on right to unemployment	the aide that the aide will lose good standing on the
benefits will result in the loss of good standing on the Georgia Certified Medication	Georgia Certified Medication Aide Registry if the
Aide Registry; and	Separation for Cause is upheld as a result of the
	unemployment hearing or if the aide chooses not to
	appeal the separation.

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3. the loss of good standing on the Certified Medication Aide Registry will make the aide ineligible for hiring as a certified medication aide by another assisted living	
community; and	
(h) Registry Notification. Submit to the Georgia Certified Medication Aide Registry a copy of the Separation Notice for the certified medication aide only if the separation related specifically to the performance of medication aide tasks and the termination for cause has either been finally upheld by the Department of Labor or the time for appealing the Separation Notice has expired.	Do not submit the Separation Notice unless it relates specifically to the performance of medication aide tasks, e.g. administering the wrong drugs to the wrong resident, failing to record accurately the administration of medications in the resident's MAR. A CMA does not lose good standing as a certified medication aide for non-medication related misconduct, e.g. fight with a co-worker in the presence of residents, poor work attendance.
(6) Communities Conducting Certified Medication Aide Training. A community choosing to provide a certified medication aide training program must do all of the following:	
(a) Utilize the state-approved medication aide training program ensuring that the training is administered by a Georgia-licensed registered nurse, pharmacist, or physician.	Go to https://www.mmis.georgia.gov/portal/default.aspx for curriculum, instructor registration, skills checklist and written competency test.
(b) Require the aide to demonstrate the requisite clinical skills to serve as a medication aide before a Georgia-licensed registered nurse, pharmacist or physician utilizing the standardized medication administration checklist developed by the Department.	Go to https://www.mmis.georgia.gov/portal/default.aspx for curriculum, instructor registration, skills checklist and written competency test.
(c) Prepare the aide to take the written competency examination to become a certified medication aide.	
(d) Verify that the aide is in good standing on the Georgia certified nurse aide registry.	Go to https://www.mmis.georgia.gov/portal/default.aspx for current status as CNA. Click on the Nurse Aide tab.
(e) Provide information to the aide on the registration and locations for taking the written competency examination.	

(f) Provide the documentation to the Georgia Certified Medication Aide Registry that is necessary to complete the application for placement of the aide's name on the Georgia Certified Medication Aide Registry. (g) Not permit the aide to administer medications independently unless the aide is	Skills competency checklist, statement of instructor, affidavit re: lawful presence and copy of secure and verifiable document must be provided. The applicant must pay the fee and then pass written competency test to be listed as a CMA
(7) Basic Medication Training for Staff Assisting with Self-Administration. The assisted living community must provide and document medication training for the unlicensed staff who are not certified medication aides but who are providing assistance with or supervision of self-administration of medications to capable residents. The medication training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:	Residents who are receiving assistance from community staff who are not CMAs must be capable of self-administration. The residents must have some assessment done that supports the determination that it is safe to allow self-administration; that is, the residents know generally the medications they are taking, the time of day they take the medications, they can ask questions if they think that they are getting the wrong medication, they are able to tell you if they are experiencing physical symptoms (weak, dizzy, etc.) that might be indicative of an adverse drug reaction and they are able to exercise some judgment about whether they think they want to take the medication.
(a) the assisted living community's medication policy and procedures, including actions to take if concerns regarding resident's capacity to self-administer medications are identified;	Any caregivers assisting with or supervising self- administration of medications must have evidence of this training.
(b) how to read prescription labels including common abbreviations;	
(c) providing the right medication to the right resident at the right time in the right	
amount and the right way including how to measure various medications;	
(d) actions to take when concerns regarding medications are identified;	
(e) infection control procedures relative to providing assistance with medications;(f) proper medication storage and disposal;	
(g) recognition of side effects and adverse reactions for the specific medications;	
(h) understanding the common classifications of medications, typical side effects and	
adverse reactions and medications for which unlicensed staff may never provide	
assistance with or supervision of self administration; and	

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(i) proper documentation and record keeping using the Medication Assistance Record.	
(8) Medication Skills Competency Determinations. Unlicensed staff who are not certified as medication aides providing assistance with or supervision of self-administered medications must demonstrate when hired and at least, annually thereafter, the necessary skills to perform the medication tasks assigned competently by completing skills competency checklists before appropriately trained community staff.	Any unlicensed staff providing assistance with or supervision of self-administered medications must demonstrate their ability to provide medication assistance competently initially when hired and yearly thereafter. The community may either develop its own specialized skills competency checklist for unlicensed staff providing assistance to residents who are capable of self-administration or utlize relevant portions of the skills competency checklist for CMAs at the time of hiring and annually thereafter. Unlicensed staff who are not certified as CMAs may not function as CMAs.
(9) Maintaining Records on Medication Assistance and Administration. Where the assisted living community either provides assistance with, or supervision of self-administered medications or administers medications to residents, the community must maintain a daily Medication Assistance Record (MAR) for each resident who receives assistance or administration. The MAR must include the name of the specific resident, any known allergies, the name and telephone number of the resident's health care provider, the name, strength and specific directions including key side effects and adverse reactions for use of each medication and a chart for staff who provide assistance or administration to record initials, time and date when medications are taken, refused or a medication error is identified (e.g. missed dosage). The staff providing the assistance or administration of medications must update the MAR each time the medication is offered or taken.	
(a) The assisted living community must make medication information concerning the descriptions of medication, dosing, side effects, adverse reactions and contraindications for each medication being administered to the residents immediately available for reference by staff providing medication assistance or administration. (b) Staff of the assisted living community providing assistance with or administration	Guidance to Surveyor: Check MARs ,etc. to verify that required information is readily available and interview CMA to determine that they know how to use reference material and who to call if questions arise.
of medications must document in the resident's record any unusual reactions to the medications and provide such information to the resident, the resident's representative and the health care provider as appropriate.	

(10) Orders Required for All Medications. An assisted living community must not allow its staff to assist with, provide supervision of self-administered medications or administer any medications, including over-the-counter medications, unless there is a physician's order specifying clear instructions for its use on file for the resident.	A physician's order is required even for OTC medications since sometimes those medications can interact negatively with prescribed medications. PRN orders need to be specific on how much to take, when, for what symptoms, etc. NOTE: A filled prescription is not a medication order. The community is required to have orders so that the filled prescription can be checked against the medications provided.
(11) Timely Management of Medication Procurement. Where the assisted living community procures medications on behalf of the residents, the community must obtain new prescriptions within 48 hours of receipt of notice of the prescription or sooner if the prescribing physician indicates that a medication change must be made immediately. If the pharmacy does not have the medication needed for the immediate change, available and has not obtained further directions from the physician, the community must notify the physician of the unavailability of the prescription and request direction. Refills of prescribed medications must be obtained timely so that there is no interruption in the routine dosing. Where the assisted living community is provided with a new medication for the resident, the MAR must be modified to reflect the addition of the new medication within 48 hours or sooner if the prescribing physician indicates that the medication change must be made immediately.	

All medications are to be kept under lock and key to secure medications from unintentional uses. Automated, code-accessed medication distribution systems meet the "lock and key" requirements so long as it is secure, is properly inventoried and prevents unauthorized access. Medications include prescription medications, vitamins, herbal medications and all overthe-counter medications. Refrigerated medications must also be kept under lock and key. The community must place the medication in a locked container and place the container in the refrigerator. Bio-hazardous waste containers must be made available and used as warranted.

(1) Regularly Scheduled Meals. The assisted living community must provide a minimum of three regularly scheduled well-balanced meals per day seven days a week which meet the nutritional needs of residents, and must provide therapeutic diets as ordered by the residents' healthcare providers for residents that require special diets. There must be no more than fourteen hours elapsing between the scheduled	
evening and morning meals.	
(2) Nutritious Meals. Meals must meet the general requirements for nutrition adjusted for age, sex and activity, currently found in the Recommended Daily Diet Allowances, Food and Nutrition Board, National Academy of Sciences.	General requirements for meal planning to meet nutritional guidelines include meal patterns/plans from associations or organizations such as the Dairy Council, American Diabetes Association, American Diabetic Association, United States Department of Agriculture (Food Guide Pyramid), a state Dietetic Association Diet Manual, county extension home economists, etc. Menus and meals must include a variety of food items representing all food types. Meals should be of quality and quantity to maintain resident weight and be acceptable to the residents.
	Food should be in a form and of a consistency which the resident can tolerate, chew and swallow. Food should be served at appropriate temperatures, i.e. hot foods are served hot and cold foods are served cold.
	A nutritious snack is any food item or combination of items from the generally accepted food guides. Snacks must be listed on the menu in accordance with Rule 111-8-6321(10) Guidance to Surveyor: Calculate the time between the evening and morning meals thirty (30) minutes after the beginning of the evening meal to the beginning of the morning meal.
(3) Snacks. Food for at least one nutritious snack must be available and offered each day in addition to the regularly scheduled meals. Snacks are not considered to be meals for the purposes of calculating the time between meals.	

Chapter 111-8-63, Rules for Assisted Living Communities Effective January 2, 2012

Guidelines 1.0 posted February 2, 2012

(4) Wholesome Food. Food received or used in an assisted living community must	
be clean, wholesome, free from spoilage, adulteration, and misbranding, and safe for	
human consumption.	
(5) Proper Handling of Food. All foods while being stored, prepared and served	
must be protected from spoilage and contamination and be safe for human	
consumption. At a minimum to protect from spoilage and contamination, the assisted	
living community must do all of the following:	
(a) Store perishable foods, such as but not limited to meat, fish, eggs, dairy	
products, juices at temperatures that will minimize spoilage, i.e. at or below 41	
degrees F.	
(b) Thaw frozen foods properly, i.e. in the refrigerator or under cold running water	
with an unplugged sink.	
(c) Provide hot and cold running water and sanitizing agents and ensure that they	
are used appropriately in the kitchen to clean and sanitize food, hands and utensils as	
required for safe food preparation.	
(d) Prevent cross-contamination of foods via hands, cutting boards or utensils	
during preparation.	
(e) Ensure that hot foods leave the kitchen (pot, steam table, etc.) for serving at or	
above 140 degrees F. and that cold foods leave the kitchen for serving at or below 41	
degrees F.	
(6) Duties of Food Service Manager. The person designated by the assisted living	
community as being responsible for managing the preparation of meals for the	
residents must enforce safe food handling practices which address basic food safety,	
hygiene, cross contamination, time and temperature requirements and sanitation with	
staff and residents.	
(7) Emergency Food Supply. A 3-day supply of non-perishable dry or canned	
foods and water, must be on hand at all times in the assisted living community for	
emergency use. The quantity of food required to be stored must be based on the	
usual resident census. The food must be kept in sealed containers which are labeled	
and dated. The food must be rotated in accordance with shelf life to ensure safety and	
palatability. Water sufficient for drinking and food preparation must also be stored.	

(8) Properly Furnished Food Areas. Kitchen and dining areas must be properly	
equipped with appropriate cabinets, drawers, holders and shelves or racks for storage	
of necessary equipment and utensils. These rooms must be kept clean and	
disinfected at least daily unless more frequent sanitization is required to prevent the	
spread of infection or food borne illnesses.	
(9) Food Service Permit Required. An assisted living community must either	
possess a valid food service permit issued through the authority of the Department of	
Public Health pursuant to Chapter 290-5-14 or a copy of the valid food service permit	
of the caterer' who provides meals to the community.	
(10) Menu Requirements. Menus to be served in assisted living residences must	
be dated and planned at least one week in advance for both regular and therapeutic	
diets. Residents must be encouraged to participate in menu planning. Planned	
menus must be conspicuously posted or easily available to residents. Regular and	
therapeutic menus as served, with substitutions noted before the meal is served, must	
be kept on file in the assisted living community for 30 days.	
(11) Food Safety Reports. The assisted living community must retain copies of	
food safety inspection reports required by law which were issued during the year	
preceding the most recent inspection. The most recent food service inspection report	
must be posted in the assisted living community.	
(12) Catered Food Service. When the assisted living community uses a catered	
food service (food service establishment), the assisted living community must ensure	
that the service is properly licensed, provides meals in accordance with these rules,	
has a satisfactory record of compliance with food safety requirements and properly	
transports and stores food at time of delivery to maintain food safety.	
(13) Catering Records. An assisted living community utilizing a catered food service	
must maintain copies of the current contract between the assisted living community	
and the food service establishment agreeing to provide food service in the assisted	
living community, the certificate or license authorizing the operation of the food service	
establishment issued by the county health agency and the most recent food safety	
inspection reports.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8 and 31-7-1 et seq.	
111-8-6322 Temperature Control.	

(1) The temperature throughout the assisted living community must be maintained by an adequate central heating and cooling system or its equivalent at ranges which are consistent with individual health needs of residents and provides a comfortable	
environment for the residents. (2) Temperatures in the assisted living community must not fall below 62 degrees F during sleeping hours or above 85 degrees F during the day. Mechanical cooling devices shall be made available for use in those areas of the building used by residents when inside temperatures exceed 80 degrees F.	Residents should be comfortable in all areas of the community. Residents should not exhibit signs or symptoms related to exposure to heat extremes. A community may be required to monitor the inside temperatures if there is a question as to whether this rule is met.
	Guidance to Surveyor: Check the temperature using the community's thermometer as well as your thermometer. Document date, time and location of the temperature check.
	Interview residents and staff to determine the effect of the temperature condition on residents. Where appropriate, check resident files for medications that may have adverse effects in excessive temperatures.
(3) Where a power outage or mechanical failure impacting the ability of the assisted	
living community to maintain these temperature ranges occurs, the assisted living community must take immediate action to provide for the health and safety of the	
residents, including but not limited to, arranging immediately for a service call,	
providing additional blankets or fans or utilizing an emergency power generator in	
accordance with the assisted living community's emergency preparedness plan. Authority O.C.G.A. §§ 31-2-7, 31-2-8 and 31-7-1 et seq.	
111-8-6323 Infection Control, Sanitation and Supplies.	
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(1) The assisted living community must have an effective infection control program which includes, at a minimum, the following:	Guidance to Surveyor: Observe hand hygiene practices of staff providing care to residents and handling food preparation. Check training records and interview staff re: work rules and sickness.

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(a) training provided to staff on effective measures for minimizing the spread of	
infections and food borne illnesses;	
(b) responding to disease outbreaks appropriately and participating in infection	
control investigations;	
(c) staff demonstrating their understanding and use of proper infection control	
practices in their delivery of care to the residents; and	
(d) enforcing work and return to work policies to minimize the spread of infection and	
illnesses.	
(2) The assisted living community must have an adequate supply of sanitizing and	Guidance to Surveyor: Check hand washing stations
cleaning agents, e.g effective hand hygiene products, hand soap, laundry soap,	for adequate supplies, etc.
household disinfectants and other cleaning materials, available and used in the	
assisted living community to minimize the spread of infections.	
(3) Toilet tissue, soap, hot and cold running water and clean towels must be	
available for use wherever commodes are located.	
(4) The assisted living community must have a supply of first-aid materials available	
for use. This supply must include, at a minimum, gloves, band aids, thermometer, tape, gauze, and an antiseptic.	
(5) The storage and disposal of bio-medical and hazardous wastes must comply with	
applicable federal, state, and local rules and/or standards.	
(6) Solid waste which is not disposed of by mechanical means must be stored in	
vermin-proof, leak-proof, nonabsorbent containers with close-fitting covers until	
removed. Waste must be removed from the kitchen at least daily and from the	
premises at least weekly.	
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(7) An insect, rodent or pest control program must be maintained and conducted in a	
manner which continually protects the health of residents.	
(8) Residents' private living spaces or bedrooms must be thoroughly cleaned and	
sanitized after residents move out of the rooms.	
(9) The assisted living community must clean the residents' private living spaces	
periodically and as needed to ensure that the space does not pose a health hazard.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8 and 31-7-1 et seq.	
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111-8-6324 Residents' Files.	
(1) An individual resident file must be maintained by the administrator or on-site manager for each resident in the assisted living community. Personal information must be treated as confidential and must not be disclosed except to the resident and his or her representative or legal surrogate, if any, an authorized agent of the Department, and others to whom written authorization is given by the resident or his representative or legal surrogate, if any. The resident file must be made available for inspection and/or copying to the resident or the resident's representative or legal surrogate, if any, and Department representatives, upon request.	The community has flexibility in organizing and maintaining resident records. However, regardless of the organization, the resident's "file" consists of the items and information required by these rules.
(2) Each resident's file must include the following information:	
(a) identifying information including name, social security number, veteran status, age, sex and previous address;	
(b) name, address and telephone number of next of kin, legal guardian and/ or representative or legal surrogate, if any, or representative payee and any court order or written document designating the resident's representative or legal surrogate, if any;	The home must have the necessary information to contact the resident's next of kin, legal guardian or representative in case of an accident or sudden change in condition. This information must be kept up to date.
(c) name, address and telephone number of any person or agency providing additional services to the resident. This information must include the name of the agency personnel primarily responsible where provided to the community by the person or agency, (i.e., the caseworker, case manager, or therapist);	
(d) an admission and discharge log to include the date of admission, prior residence of resident, referral source, agency contact and telephone number of referral source date of discharge, facility or residence discharged to and telephone number;	A log showing admissions and discharges must be maintained. Where the community cannot reasonably obtain some of the information on the log or it doesn't exist, the community should indicate N/A for the particular piece of information, e.g. if no referral agency source is involved, they would put N/A in that space.
(e) all individual written care plans required by these rules and the rules for proxy caregivers, Chapter 111-8-100 if applicable;	
(f) the name, address and telephone number of a physician, hospital and pharmacy of the resident's choice;	

(g) a record of all monetary transactions conducted on behalf of the resident with itemized receipts of all disbursements and deposits;	When the community purchases items for a resident with the resident's money, the community must keep a record of all monetary transactions and itemized receipts. This includes disbursement of the resident's personal needs allowance, if applicable.
(h) a record of all monies and other valuables entrusted to the assisted living community for safekeeping; a receipt for same shall be provided to the resident or representative or legal surrogate, if any, at the time of admission and at anytime thereafter when the resident acquires additional property and wishes to entrust such property to the assisted living community for safekeeping;	
(i) health information including all health appraisals, diagnoses, prescribed diets, medications, and physician's instructions;	
(j) an inventory of valuable personal items brought to the assisted living community for use by the resident to be updated at anytime after admission if a resident or representative or legal surrogate, if any, submits to the assisted living community a new inventory of the resident's personal items;	An "inventory" means an itemized list of property. Items such as toiletries do not need to be inventoried. Valuable personal items includes those deemed as such by the resident as included on the inventory form.
(k) a signed copy of the Resident's Rights form;	
(I) a signed copy of the admission agreement;	
(m) any power of attorney or document issued by a court or by the Social Security Administration or any other governmental authority which designates another person as responsible for management of the resident's finances;	
(n) a copy of a living will and/or durable power of attorney for health care if executed prior to 2007 or a copy of an executed Georgia advance directive for health care, if any, the forms for which must be made available at the time of admission and remain available to the resident upon request;	Guidance to Surveyor: This rule consists of two parts: 1. the requirement to maintain a copy of a living will or durable power of attorney for health care or Georgia advance directive for health care and 2. to make the information about advance directive available to residents at all times.
(o) any signed medical orders impacting end of life care, e.g. do not resuscitate, physician's orders for life sustaining treatment, etc.	

(p) a copy of the resident's written waiver, if any, of the personal needs allowance charge pursuant to the provisions of Rule 111-8-6325(p)1;	Residents Rights provides that a resident has a right to a personal needs allowance of \$20.00 per week. The \$20.00 is intended to be a part of the community's monthly fee and is passed on to the resident. If the resident does not wish to receive the personal needs allowance, it must be waived. Documentation of the written waiver must be maintained in the resident's file. Guidance to Surveyor: This rule has two parts: the community should have 1. a written waiver of the PNA or 2. documentation of the PNA for the resident.
(q) a copy of any findings from a search of the National Sex Offender Registry maintained through the Department of Justice, etc.; and	The National Sex Offender Registry (or National Sex Offender Public Website) can be found at http://www.nsopw.gov/Core/Portal.aspx?AspxAutoDete ctCookieSupport=1.
(r) any informed written consents signed by the resident or resident's representative, designating and delegating to any trained proxy caregiver, whether employed by the assisted living community or not, the performance of identified health maintenance activities.	
(3) The following information may be given voluntarily by the resident, guardian, or representative or legal surrogate, if any, but may not be required of the resident:	
(a) religious preference, church membership, name and telephone number of minister, priest or rabbi, if applicable; and	
(b) information about insurance policies and prearranged funeral and burial provisions, if any.	
(4) Resident files must be maintained by the assisted living community for a period of three years after a resident's discharge.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8,31-2-9, 31-7-1 et seq. and 31-8-131 et seq. and 31-32-1 et seq.	
111-8-6325 Supporting Residents' Rights and Obtaining Feedback.	

(1) The assisted living community must operate in a manner that respects the personal dignity of the residents and the human rights of the residents which rights cannot be waived, except as provided in these rules by the resident or the resident's representative or legal surrogate.	How the community operates and respects the personal dignity of the residents and the rights of the residents should be reflected in the policies and procedures required to be developed in accordance with Rule 111-8-6307(2), and in the way residents are treated in the provision of care, services and supervision.
(a) The assisted living community must provide to each resident care and services which are adequate, appropriate, and in compliance with state law and regulations.	
(b) The assisted living community, its agents or employees must not punish or harass a resident because of the resident's efforts to enforce his or her rights.	
(c) The assisted living community must operate in a manner that protects each resident's rights to do all of the following:	
exercise the constitutional rights guaranteed to citizens of this state and this country including, but not limited to, the right to vote;	Exercise constitutional rights' means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the community's rules, as long as those rules do not violate a state law or rule. Residents are assisted in exercising their rights by staff. Assistance includes things like help obtaining absentee ballots and reminding residents of election dates.
choose activities and schedules consistent with the resident's interests, and assessments;	Residents make decisions about aspects of life that are important to him/her such as times to rise and retire, how they spend their time, activity preferences and pursuits, meal times, and aspects of day-to-day life. Resident opinion are respected and followed to the extent possible in the schedule of the resident's life. The staff is knowledgeable and makes adjustments to allow the resident to exercise choice and self-determination.

3. interact with members of the community both inside and outside the assisted living community and to participate fully in the life of the community; and	Residents are able to visit with anyone of their choice, including, but not limited to family, friends, physicians, clergy, and service providers. Residents can visit with other residents of the ALC as desired. Residents are able to participate in outside community events and to come and go as they desire as long as their safety is assured. See also Rule 111-8-6307(5) and .17(1) concerning the duty to provide protective care and watchful oversight and to protect from crimes.
4. make choices about aspects of his or her life in the assisted living community that are significant to the resident.	This may include daily activities, bedtimes, bathing times and preferences, food preferences, clothing, etc.
(d) Each resident must have the right to enjoy privacy in his or her room. Assisted living community staff and others must respect this right by knocking on the door before entering the resident's room.	"Right to privacy" means the resident has the right to be free from unwanted and unauthorized intrusions. Privacy may mean being apart from all people or being apart from some persons, or being apart from observation,taking into account the needs of the resident and the protective oversight the resident requires for safety.
(e) Each resident must have the right to associate and communicate freely and privately with persons and groups of the resident's choice without being censored by staff.	Residents are given privacy for telephone use and freedom from intrusions during conversations. Privacy does not mean that a community is prohibited from monitoring the whereabouts and well-being of a resident.

(f) If a resident is married and the spouse is also a resident in the assisted living community, the residents must be permitted to share a room unless they request otherwise, subject to the limitation that no more than two residents may share a bedroom or private living space.	The right of residents who are married to each other to share a room does not give a resident the right, or the community the responsibility, to compel another resident to relocate to accommodate a spouse. The rule means that when a room is available for a married couple to share, the community must permit them to share the room if they choose. If a room is shared by spouses, the room or private living space must conform to the minimum requirements for a room designated for two people, i.e. 80 square feet of living space per person.
(g) Each resident must be treated with dignity, kindness, consideration and respect and be given privacy in the provision of assisted living care. Each resident must be accorded privacy and freedom to use the bathroom(s) at all hours.	Staff must address a resident in a respectful and dignified manner. Residents should be called by their names. Residents must not be subjected to derogatory language or rough handling. Residents must be granted privacy when going to the bathroom and in other activities of personal hygiene. "Privacy" means the resident has the right to be free from unwanted and unauthorized intrusions. Staff must examine residents in a manner that maintains the privacy of their bodies at all times. If a resident requires assistance, authorized staff should respect the resident's need for privacy. Only authorized staff directly involved in the resident's care or treatment should be present when care and treatments are provided. People not involved in the resident's consent. Methods of providing privacy include, but are not limited to, closing doors, blinds, curtains, and use of screens. Residents should not be denied access or have restrictions or limitations placed on the use of bathrooms.

(h) No religious belief or practice must be imposed upon any resident. Residents must be free to practice their religious beliefs as they choose. Each resident must have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents.

Residents may not be coerced, forced, or compelled to accept or practice a particular religion or to attend religious services or activities not of their choice.

The community, to the extent possible, should accommodate an individual's needs and choices for how he or she spends time, both inside and outside of the community. The staff should assist the resident in the pursuit of activities outside and inside the community.

(i) Each resident must have the right to be free from mental, verbal, sexual and physical abuse, neglect and exploitation.

Residents must not be subjected to abuse, neglect, or exploitation by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident or other residents, family members of staff, friends, proxy caregivers, sitters, or other individuals.

"Abuse" means any intentional or grossly negligent act or series of acts or intentional or grossly negligent omission to act which causes injury to a resident, including, but not limited to, assault or battery, failure to provide treatment or care, or sexual harassment of the resident.

"Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

"Verbal abuse" refers to any use of oral, written or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.

"Sexual abuse" includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

"Physical abuse" includes, but is not limited to, hitting, slapping, pinching, kicking, punching, etc. It also includes controlling behavior through corporal punishment.

"Neglect" means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Neglect may include

instances of being left to sit or lie in urine or feces, isolating a resident in their room or in locations apart from the community or supervision of the staff, failing Page 77 toanswer requests for assistance and treatment.

"Exploitation: means an unjust or improper use of another person or his/her property for one's own profit

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(i) Each resident has the right to be free from actual or threatened physical or chemical restraints and the right to be free from isolation, corporal, or unusual punishment including interference with the daily functions of living, such as eating or sleeping.

"Physical restraints" are any manual or physical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, and wheelchair safety bars. Also included as restraints are community practices which function as a restraint, such as tucking in a sheet so tightly that a bedbound resident cannot move, bedrails, or chairs that prevent rising, or placing a wheelchair-bound resident so close to a wall that the wall prevents the resident from rising. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as restraints.

"Chemical restraints" are a psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms.

"Isolation" means the placement of a resident in a locked area without direct monitoring by staff.

"Corporal punishment" is the deliberate infliction of pain as retribution or for the purpose of discipline or behavior control.

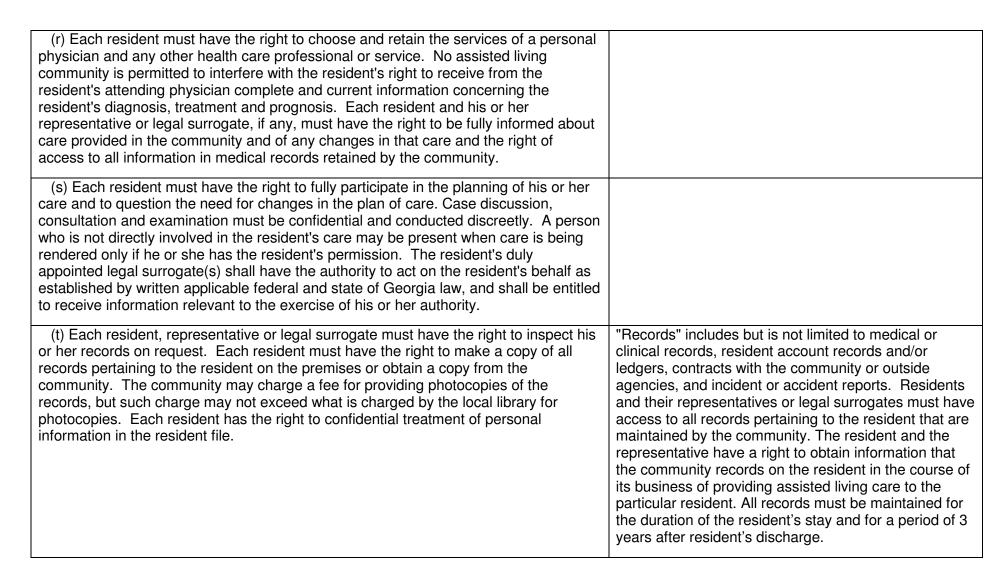
"Unusual punishment" includes punishment that is degrading, inflicting unnecessary and intentional pain, or being disproportionate to the offense.

Residents must not be subjected to abuse, neglect or exploitation by anyone, including, but not limited to, community staff, other residents, consultants, volunteers, proxydearegivers tesitters a staffoof other agencies serving the resident or other residents, family members of residents or family members of staff, Page 78 of Mends or other individuals.

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(k) Each resident must have the right to use, keep and control his or her own personal property and possessions in the immediate living quarters, except to the extent a resident's use of his or her property would interfere with the safety or health of other residents. Each resident must have the right to reasonable safeguards for the protection and security of his personal property and possessions brought into the assisted living community.	Possessions of the resident, regardless of the value, must be treated with respect. The resident should be able to retain personal possessions without fear of theft, damage or pilferage. The community has the right to limit the size of furnishings brought into the immediate living quarters based on space limitations and health or safety to other residents. The community must have methods of safeguarding residents' property of value, upon request, such as in a locked area or a safe.
(I) Each resident's mail must be delivered unopened to the resident on the day it is delivered to the assisted living community. The assisted living community must not permit any resident's outgoing correspondence to be opened or tampered with prior to being mailed or otherwise delivered.	This includes mail from the post office and parcel services.
(m) Each resident must have access to a telephone made available by the assisted living community and the right to have a private telephone, at the resident's own expense. Telephones must be placed in areas to insure privacy without denying accessibility.	Residents must have access to an operable, non-pay telephone in a private location. Residents must be able to place long distance calls from this telephone at their own expense.
	"Access" includes placing telephones at a height and location accessible to chair bound residents and adapting telephones for use by the hearing impaired. Residents who request a private phone in their room should be assisted with arranging for the telephone installation, if needed.
(n) Each assisted living community must permit immediate access to residents by others who are visiting with the consent of the resident. Residents have the right to have visitors at mutually agreed upon hours. Once the hours are agreed upon, no prior notice is necessary. Each resident also has the right to refuse to see visitors or terminate any visit.	

(o) Each resident must have the right to manage his own financial affairs, including the right to keep and spend his own money unless that resident has been adjudicated incompetent by a court of competent jurisdiction. Each resident must have the right to be free from coercion to assign or transfer to the assisted living community money, valuables, benefits, property or anything of value other than payment for services rendered by the assisted living community.	
(p) Each resident must have the right to a personal needs allowance for the free use of the resident in the amount of twenty dollars per week to be distributed by the administrator, on-site manager, or a responsible staff person in the assisted living community. The following conditions must be met regarding the personal needs allowance:	See Rule for "Resident Files" for information about documentation of a waiver for the personal needs allowance (PNA). If there is no waiver of the personal needs allowance, the community must maintain documentation of dispersal of the PNA.
1. The personal needs allowance must be included as a charge for services to each resident's account which a resident or a resident's representative or legal surrogate, if any, may waive by signing a written waiver upon admission or anytime thereafter. No allowance charge may be assessed where a resident or a resident's representative or legal surrogate, if any, has signed a written waiver of the personal needs allowance. Such a waiver must be kept in a resident's file.	
2. Where no waiver has been signed, the personal needs allowance must be tendered to each resident, in cash, on the same day each week.	
3. The personal needs allowance must not be intended or needed for purchasing necessary goods such as toilet paper and light bulbs which the assisted living community ordinarily supplies, and shall in no way relieve the assisted living community of the obligation to insure that such necessary goods are available to the resident.	
(q) Each resident must have the right to receive or reject medical care, dental care, or other services by those authorized and/or licensed to provide such medical care except as required by law or regulations.	



(u) Each resident who has not been committed to the assisted living community by court order or who does not have a representative or legal surrogate with specific written authority to admit, transfer or discharge, may discharge or transfer himself or herself upon 30 days written notification to the assisted living community in conformance with the assisted living community's policies and procedures.	
(v) Each resident must have the right to access to the State Long-Term Care Ombudsman Program O.C.G.A. § 31-8-50 et seq. and the name, address, and telephone number of the ombudsman assigned to the assisted living community must be posted in a common area of the assisted living community.	
(w) Residents must have the right to form a Resident Council and have meetings in the assisted living community outside the presence of owners, management or staff members of the assisted living community and the assisted living community must provide assistance in coordinating the meetings of the Resident Council.	Residents may organize a Resident Council without interference from the community. The community should allow the group to meet privately provided that protective oversight is ensured. All new residents are invited to attend and participate in the group without interference or discouragement from the community. The community should provide staff assistance if the group desires. Assistance may be needed for arranging meeting space, posting announcements, or any other function the group requests.
(2) Each resident must be provided, at the time of admission to the assisted living community, with a copy of the Resident's Bill of Rights, as provided in Rule 111-8-63.25. The Bill of Rights must include provisions for protecting the personal and civil rights of each resident. In the event that a resident is unable to read the Resident's Bill of Rights the manager must take steps to assure communication of its contents to the resident.	The community must have alternatives to communicate the content of the Bill of Right's such as reading it to the resident, audiotape, etc.

(3) An assisted living community must comply with the provisions of the "Remedies for Residents of Personal Care Homes Act" as outlined in O.C.G.A. § 31-8-131 et seg.

The Remedies for Residents of Personal Care Homes Act provides remedies for residents of personal care homes and assisted living communities whose rights have been violated by the personal care home or community. Residents may choose from the following remedies:

- * Informal grievance--a resident or representative may either tell or write to the community manager and describe the grievance. Within five (5) days, the manager must either resolve the grievance to the resident's satisfaction or respond in writing, including a list of the other remedies available to the resident.
- * Administrative hearing--a resident or representative or the state or community ombudsman may request a hearing before a DCH hearing officer if they believe the resident's rights have been violated by the community. DCH must conduct the hearing within forty-five (45) days. In cases where the provider is accused of retaliation, DCH must hold the hearing within fifteen (15) days.
- * Private cause of action--a resident or representative or the Attorney General (upon DCH's request) may bring a law suit to enjoin a community from violating the rights of a resident.
- * Injunctive relief--a resident or representative of the Attorney General (upon DCH's request) may bring a law suit to enjoin a community from the rights of a resident.
- * Mandamus action--a resident or representative, the community ombudsman, violating the governing body of the community, or any other interested party may bring an action cagainst 1DGbbbasking the court to order DCH to comply with state or federal laws related to the operation of a community or the care of its residents.

Page 83 of Me Act does not list the rights it describes but, instead, refers to all of the rights listed in these rules, including protections relating to admission, transfer, or discharge of residents

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 (4) The assisted living community must ensure that residents and their representatives, where applicable, are given opportunities to provide feedback in writing and otherwise on their satisfaction with the services being provided by the assisted living community with respect to at least the following areas: quality of care, food, activities, cleanliness of the assisted living community and helpfulness of the staff. (5) The assisted living community must retain a copy of the resident's record for two years following the date of discharge. (6) The assisted living community must maintain documentation of the feedback it receives and its response to the feedback. Authority O.C.G.A. §§. 31-2-7, 31-2-8, 31-7-1 et seq., 31-8-50 et seq. and 31-8-131 et seq. 111-8-6326 Procedures for Change in Resident's Condition. 	
(1) In case of an accident or sudden adverse change in a resident's condition or adjustment, an assisted living community must immediately take the actions appropriate to the specific circumstances to address the needs of the resident, including notifying the representative or legal surrogate, if any. The assisted living community must retain a record of all such adverse changes and the assisted living community's response in the resident's files.	"Accident" means an unexpected happening causing injury. "Condition" means the state of a person's physical or mental condition. Facilities must keep incident/accident reports on all residents. Whenever a resident is accidentally injured or has an adverse change in physical condition, the representative or legal surrogate must be notified immediately, after obtaining needed care. This report may be in writing. If not in writing, the community must maintain documentation of the notification.
(2) Where the sudden change in the resident's condition causes the resident to become unresponsive, the assisted living community must immediately take one of the following actions:	

(a) If the resident is enrolled in a licensed hospice and has a specific hospice plan of	
care, the assisted living community must contact the hospice for directions regarding	
the care to be provided. If the hospice staff is not available to provide direction, then	
the assisted living community must immediately contact the duly-appointed health care	
agent for direction. If no health care agent has been appointed or is not available,	
then the assisted living community must immediately contact emergency medical	
services to arrange for emergency transport and must initiate cardiopulmonary	
resuscitation if no DNR order has been written.	
(b) If the resident has a valid Do Not Resuscitate (DNR) order readily available, the	
caregiver may effectuate the DNR order if done in good faith.	
(c) If the resident has appointed a health care agent in a living will, durable power of	
attorney for health care or an advance directive for health care which complies with the	
requirements of O.C.G.A. §31-32-1 et seq., then the assisted living community must	
immediately contact the health care agent for directions regarding the care to be	
provided. Where the health care agent is not immediately available and there is no	
valid DNR order for the resident, the assisted living community must immediately	
contact emergency medical services to arrange for emergency transport and must	
initiate cardiopulmonary resuscitation.	
(d) If the resident is not enrolled in hospice, and does not have either a DNR or an	
advance directive, then the staff of the assisted living community must immediately	
contact emergency medical services to arrange for emergency transport and must	
initiate cardiopulmonary resuscitation where it is not obvious from physical observation	
of the resident's body (e.g. body is stiff, cool to the touch, blue or grayish in color, etc.)	
that such efforts would be futile and there is not a physician, or authorized registered	
nurse or physician's assistant on site to assess and provide other direction.	
(2) The staff must have ready access to phone numbers for emergency medical	
personnel and the resident's file or appropriate emergency medical and contact	
information for each resident, both at the assisted living community and when	
residents are being transported by the assisted living community for any reason.	

(3) Immediate investigation of the cause of an accident, injury or death involving a resident must be initiated by the administrator or on-site manager of the assisted living community and a report made to the representative or legal surrogate, if any, with a copy of the report maintained in the resident's file and in a central file for quality assurance review.	HFRD has developed a suggested Incident/Accident form that can be used to record the information required by this rule. Communities may obtain a copy for use from the Healthcare Facility Regulation Division link on the Department of Community Health web site at www.dch.ga.gov.
	The community is responsible for reporting the accident, injury or death to the representative or legal surrogate and storing a copy of such report of the accident, death or injury in the resident's file and in a central file for QA review.
	The community must also immediately investigate the cause of the accident, death or injury so that it can take action as necessary to mitigate the danger, etc. This investigative report regarding causes need not be stored in the resident file. It can be stored in the central file for quality assurance review.
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq.and 31-32-1 et seq.	
111-8-6327 Death of a Resident.	
(1) Should a resident die while in the assisted living community, the administrator, on-site manager or designated staff must immediately notify the resident's physician, the next of kin, and the representative or legal surrogate, if any, and appropriate law enforcement authorities where the law so requires, such as in the case of a sudden or unexpected death.	
(2) Upon death of the resident, the assisted living community must refund to the representative or legal surrogate, if any, any security deposit made to the assisted living community by or on behalf of the resident in compliance with O.C.G.A. §44-7-30 et seq.	
Authority O.C.G.A. §§. 31-2-7, 31-2-8, 31-7-1 et seq. and 44-7-30 et seq.	

111-8-6328 Immediate Transfers of Residents.	
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(1) The administrator or on-site manager of the assisted living community must initiate an immediate transfer to an appropriate setting if the resident develops a physical or mental condition requiring continuous medical care or nursing care.	It is the responsibility of the administrator or on-site manager to continually observe the residents to determine that residents continue to meet the criteria for residency in an assisted living community. Should a resident develop a physical or mental condition requiring continuous medical care or nursing care or if a resident's continuing behavior or condition directly and substantially threatens the health, safety and welfare of the resident or any other resident, or if the resident's needs cannot be met by the community, the administrator or on-site manager should initiate immediate transfer of the resident to a more appropriate living environment.
(2) Where immediate transfer is required to be made, the administrator or on-site manager shall make arrangements for transfer in accordance with the admission agreement and must transfer the resident to an appropriate setting where the	
resident's needs can be met. Prior to making such transfer, the administrator or on- site manager shall:	
(a) inform the resident and representative or legal surrogate, if any, of the reason for the immediate transfer;	
(b) inquire as to any preference of the resident and representative or legal surrogate, if any, regarding the appropriate setting to which the resident is to be transferred;	
(c) inform the representative or legal surrogate, if any, of the resident's choice regarding such transfer;	
(d) inform the resident and the representative or legal surrogate, if any, of the place to which the resident is to be discharged;	
(e) provide a copy of the resident file to the receiving setting within 24 hours of transfer; and	
(f) document in the resident's file the following:	
1. the reason for the immediate transfer;	
2. the fact that the resident and the representative or legal surrogate, if anywhere informed pursuant to this paragraph; and	

3. appropriate location and contact information regarding the place to which the resident is to be transferred or discharged.	
(3) Upon immediate transfer of the resident, the assisted living community must refund to the resident or representative or legal surrogate, if any, any security deposit made to the assisted living community by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 et seq.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq. and 44-7-30 et seq.	
111-8-6329 Discharge or Transfer of Residents.	
(1) Each admission agreement shall include a written procedure for handling the discharge and transfer of the resident. The administrator or on-site manager must contact the representative or legal surrogate, if any, when there is need to discharge or transfer of a resident. The community must provide 30 days' written notice of its intent to discharge or transfer the resident unless an immediate transfer is required. The written notice must be issued to both the resident and the representative or legal surrogate, if any.	In cases which meet the criteria for immediate transfer, thirty (30) days written notice is not required as defined in Rule 111-8-6328(1). However, information required to be provided to the resident and/or representative in the event of an immediate transfer should be in writing (i.e., reason for the transfer, resident choice regarding discharge preferences, and place to which the resident is to be discharged).
(2) In all cases except those requiring immediate transfer pursuant to Rule 111-8-6328, residents whose needs cannot be met by the assisted living community or who no longer choose to live in the assisted living community must be discharged or transferred to an appropriate facility or other appropriate setting in accordance with the resident's, representative or legal surrogate's wishes based on discharge and transfer procedures entered into at the time of admission. Where there is no representative or legal surrogate or the representative or legal surrogate is unwilling to act to consent to the discharge or transfer, the administrator or on-site manager must petition the probate court in the county where the assisted living community is located for an order authorizing the discharge or transfer. The transferring assisted living community must provide a copy of the resident file to the receiving facility prior to or at the time of transfer.	

(3) Where the Department has reason to believe that a resident is receiving or requires continuous medical or nursing care, other than as permitted by a certified medication aide, the Department may require the assisted living community to discharge the resident. However, the provision of medical, nursing or health services required by the resident on a periodic basis or for a short-term illness, where such services are not provided by the assisted living community is permissible.	
(4) Upon discharge or transfer of the resident, the assisted living community must refund to the resident or representative or legal surrogate, if any, any security deposit made to the assisted living community by or on behalf of the resident in compliance with O.C.G.A. § 44-7-30 <i>et seq.</i>	
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq., 31-36A-7 and 44-7-30 et seq.	
111-8-6330 Reports to the Department	

(1) The staff of the assisted living community must call the local police department to report the elopement of any resident from the assisted living community within 30 minutes of the staff receiving actual knowledge that such person is missing from the assisted living community in accordance with the Mattie's Call Act and the requirements set forth in O.C.G.A. § 35-3-170 et seq. The assisted living community shall also report the initiation and discontinuation of a Mattie's call to the Department within thirty (30) minutes of communications with local law enforcement authorities having occurred.	This rule requires the community to notify the Department within 30 minutes of initiating or discontinuing a Mattie's Call. After the facility has notified local law enforcement that a resident is missing or has been found, the facility must notify the Department, Health Care Facility Regulation Division by: 1. faxing the incident report to the Department's regular complaint/incident intake fax number at 404-657-5731; or 2.submitting the incident report over the internet web site for complaints indicating in the description of the incident section that it is a facility self report at https://services.georgia.gov/dhr/reportfiling/searchFacility.do?action=constituentComplaint ; or 3. calling the complaint intake phone numbers at 404-657-5726, 404-657-5728 or 1-800-878-6442. If voice mail is heard, leave a detailed message describing the incident or event, the community's response to ensure the safety of the other residents in care, the name of the reporter, the phone number for follow-up, date and time.
(2) Whenever a serious incident involving a residents occurs, the assisted living community must report in a format acceptable to the Department either within 24 hours after the incident has occurred, or the assisted living community has reasonable cause to believe that a reportable incident involving a resident has occurred. The serious incidents that must be reported to the Department include the following:	A format acceptable to the Department can be found on the DCH website at www.dch.georgia.gov . Just click on Healthcare Facility Regulation Division, then Forms and Applications, then Licensing Forms, then scroll down to Incident Reporting Forms and click on Personal Care Homes/Assisted Living Communities.
(a) any accidental or unanticipated death not directly related to the natural course of the resident's underlying medical condition;	

(b) any serious injury to a resident that requires medical attention;	The community would not need to file a report with the Department if a resident fell, was taken to the ER for evaluation and the ER confirmed that no serious injury occurred.
(c) any rape, assault, any battery on a resident, or any abuse, neglect, or exploitation of a Resident in accordance with the Long Term Care Resident Abuse Reporting Act O.C.G.A. § 31-8-80 <i>et seq.</i> ;	
(d) an external disaster or other emergency situation that affects the continued safe operation of the residence; and	
(e) when an owner, director or employee acquires a criminal record as defined in these rules.	
(3) The incident report required by these rules must be filed with the Department, in confidence and must include at least:	
(a) the name of the assisted living community and the name of the administrator or site manager;	
(b) the date of the incident and the date the assisted living community became aware of the incident;	
(c) the type of incident suspected, with a brief description of the incident; and	
(d) any immediate corrective or preventative action taken by the assisted living community to ensure against the replication of the incident.	
(4) Where the Department determines that a rule violation related to the incident has occurred, the Department will initiate a separate complaint investigation of the incident. The complaint investigation report and the report of any rule violation compiled by the Department arising either from the initial report received from the assisted living community or an independent source is subject to disclosure in accordance with applicable laws.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq., 31-8-80 et seq. and 35-3-170 et seq.	

111-8-6331 Deemed Status. The Department may accept the certification or accreditation of an assisted living community by an accreditation body or certifying authority recognized and approved by the Department provided that certification or accreditation constitutes compliance with standards that are substantially equivalent to these rules. Nothing herein shall prohibit any departmental inspection to determine compliance with licensure rules.	
Authority O.C.G.A. §§ 31-7-1 and 31-7-3(b).	
111-8-6332 Variance and Waivers.	
(1) The Department may, in its discretion, grant variances and waivers of specific rules upon application or petition filed on forms made available by the Department. The Department may establish conditions which must be met by the assisted living community in order to operate under the variance or waiver granted.	The purpose of this rule is to allow a community to depart from the strict application of a rule or to dispense with enforcement of a particular rule in certain circumstances. The Department may grant a variance or waiver of a specific rule. However, the Department has no authority to waive a provision of law. A copy of the Department's written policy and procedure on how to apply for a variance or waiver is online at the Healthcare Facility Regulation Division link on the DCH website at www.dch.georgia.gov . By law, all variances and waivers must be posted on the State's website for a minimum of fifteen (15) days to allow interested members of the public to comment on the proposed waiver or variance request before it can be acted upon by the Department. See http://services.georgia.gov/sos/sos-rw/searchHome.doc .

(a) Variance. A variance may be granted by the Department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety, and care of the residents exist and will be met in lieu of the exact requirements of the rule or	
regulations in question. The Department may require additional documentation by the	
assisted living community to support its application for a variance or waiver.	
(b) Waiver. The Department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety, care, and rights of the residents.	
(c) Experimental Variance or Waiver. The Department may grant variances and waivers to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery without compromising health, safety, residents' rights, or other relevant standards.	
(2) The decision of the Department regarding either granting or denying the application of the governing body of the assisted living community for a waiver or variance is not subject to further administrative review. The governing body may file a petition for judicial review in the appropriate superior court.	
(3) Where the Department has denied the application for a waiver or variance in writing, the Department will not consider a subsequent application for the same waiver or variance as a new application unless the applicant includes new evidence of a substantial change in the circumstances which formed the basis for the initial request. Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq., 50-13-9.1 and 50-13-19.	
111-8-63.33 Enforcement of Licensing Requirements.	

An assisted living community that fails to comply with licensing requirements contained in these rules, the Rules and Regulations for the Use of Proxy Caregivers, Chapter 111-8-100 and the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25, is subject to civil and administrative actions brought by the Department to enforce licensing requirements as provided by law and rules. Such actions will be initiated in compliance with the Georgia Administrative Procedures Act, O.C.G.A. §50-13-1 et seq., O.C.G.A. §31-2-11 and the Rules and Regulations for General Licensing and Enforcement Requirements, Chapter 111-8-25.	
Authority O.C.G.A. §§ 31-2-7, 31-2-8, 31-7-1 et seq., 43-26-12and 50-13-1 et seq.	
111-8-6334 Severability.	
In the event that any rule, sentence, clause or phrase of any of the rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof. The remaining rules or portions thereof shall remain in full force and effect as if such rule or portions thereof so determined, declared or adjudicated invalid or unconstitutional were not originally part of these rules. Authority: O.C.G.A. § 31-2-7, 31-2-8 and 31-7-1 et seq.	